MAXIMUS FEDERAL SERVICES, INC.
Independent Medical Review
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MAXIMUS Federal Services

Notice of Independent Medical Review Determination

Dated: 11/15/2013

Employee:	
Claim Number:	
Date of UR Decision:	7/1/2013
Date of Injury:	6/4/2003
IMR Application Received:	7/31/2013
MAXIMUS Case Number:	CM13-0005153

1) MAXIMUS Federal Services, Inc. has determined the request for **Vicodin ES #60 is medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the request for **Prilosec 20mg #60 is not medically necessary and appropriate.**

3) MAXIMUS Federal Services, Inc. has determined the request for **one (1) urine drug screen is medically necessary and appropriate.**

4) MAXIMUS Federal Services, Inc. has determined the request for **eight (8) sessions of chiropractic treatment is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/31/2003 disputing the Utilization Review Denial dated 7/1/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/15/2013. A decision has been made for each of the treatment and/or services that were in dispute:

1) MAXIMUS Federal Services, Inc. has determined the request for **Vicodin ES #60 is medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the request for **Prilosec 20mg #60 is not medically necessary and appropriate.**

3) MAXIMUS Federal Services, Inc. has determined the request for **one (1) urine drug screen is medically necessary and appropriate.**

4) MAXIMUS Federal Services, Inc. has determined the request for **eight (8) sessions of chiropractic treatment is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The Expert Reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and treatments and/or services at issue.

Expert Reviewer Case Summary:

The IMR application shows the employee is disputing the 7/1/13 UR decision. 355 pages of records are provided for IMR. The 7/1/13 UR decision by CID was in response to the 6/14/13 medical report. The 6/14/13 report, was the initial orthopedic evaluation by [redacted]. He described a 44 YO, RHD, 5'7", 180 lbs, male who was working at pest control, on 6/4/2003, on a roof of a home making sure pigeons could not get in, when the roof collapsed, he fell 15 feet, his head struck concrete and he lost consciousness. He sustained injuries to his head, neck, left shoulder and back, and subsequently developed symptoms of depression. Review of systems does not discuss any GI risk factors or prior GI issues. Current pain is 7/10 for the neck and left shoulder, the lower back is 8/10. He is being seen by a psychiatrist for depression and medications were prescribed for this. Notes there was benefit from chiropractic care and recommends 8 more sessions. Requests Prilosec for gastric prophylaxis and Vicodin ES for pain control, and UDS to monitor ongoing medication. The records provided for IMR did not include any chiropractic reports or any prior UDS reports.

[redacted] had requested chiropractic care in June 2012, but there was no indication the patient had any visits approved, and there was not mention of outcome in any of the medical reports for 2012. The only indication the patient had chiropractic care was from the 11/15/2006 psych QME, at it appears that in 2005, the patient broke a rib at a barber shop and saw a chiropractor who was not aware of this and re-broke it with an adjustment. The 2006 reports notes history of treatment with OT, PT, and acupuncture as well.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination CID Management
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) **Regarding the request for Vicodin ES #60:**

   Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision
   The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Hydrocodone (Vicodin, Lortab), which is part of the MTUS.

   The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pg. 11, Opioids long-term assessment, pgs. 88-89, which are part of the MTUS.

   Rationale for the Decision:
   The Chronic Pain Guidelines indicate that pain shall be treated for as long as it persists. The medical records provided for review indicate that the employee was being maintained on Norco. The medical records also indicate that the provider documented the employee's pain levels and function. **The request for Vicodin ES #60 is medically necessary and appropriate.**

2) **Regarding the request for Prilosec 20mg #60:**

   Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision
   The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, which is part of the MTUS.

   The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, pgs. 68-69, which are part of the MTUS.

   Rationale for the Decision:

The Chronic Pain Guidelines recommends a proton-pump inhibitor (PPI) for individuals at risk for gastrointestinal (GI) events, or for treatment of dyspepsia secondary to NSAID therapy. The medical records provided for review did not indicate a history of prior GI events or issues, and there were no current GI issues. **The request for Prilosec 20mg #60 is not medically necessary and appropriate.**

3) **Regarding the request for one (1) urine drug screen:**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision
The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Steps to avoid opioid misuse, pgs. 94-95, which are part of the MTUS, and the Official Disability Guidelines (ODG), Pain Chapter, Urine Drug Testing, which is not part of the MTUS.

Rationale for the Decision:
The Chronic Pain Guidelines recommend drug testing and frequent random urine toxicology screens to avoid opioid misuse or addiction. The medical records provided for review indicate that a urine drug test was done at a follow-up visit, after Vicodin was prescribed. **The request for one (1) urine drug screen is medically necessary and appropriate.**

4) **Regarding the request for eight (8) sessions of chiropractic treatment:**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision
The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), and the Chronic Pain Medical Treatment Guideines, which are part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Manual therapy & manipulation, page 58, which is part of the MTUS.

Rationale for the Decision:
The request is for 8 sessions of chiropractic care, the physician noting there was some improvement in the past. However, the functional improvement was not discussed and upon reviewing the records available, there is no discussion of any functional improvement with chiropractic care. It was noted that the chiropractic care provided may have been as far back as 2005. Since there is no mention of functional improvement from chiropractic care at that time, a new trial of chiropractic care might be appropriate.
The MTUS criteria for a trial of chiropractic care is 6 visits and the current request exceeds MTUS recommendations. **The request for eight (8) sessions of chiropractic treatmentis not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.