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

Notice of Independent Medical Review Determination

Dated: 10/30/2013

Employee:	
Claim Number:	
Date of UR Decision:	7/17/2013
Date of Injury:	10/26/2012
IMR Application Received:	7/30/2013
MAXIMUS Case Number:	CM13-0005305

1) MAXIMUS Federal Services, Inc. has determined the retrospective request for sixty (60) tablets of Naproxen 550mg **is not medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the retrospective request for thirty (30) tablets of Ultram Extended Release 150mg **is not medically necessary and appropriate.**

3) MAXIMUS Federal Services, Inc. has determined the retrospective request for sixty (60) capsules of Prilosec 20mg **is medically necessary and appropriate.**

4) MAXIMUS Federal Services, Inc. has determined the retrospective request for thirty (30) patches of Medrox 5% **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/30/2013 disputing the Utilization Review Denial dated 7/17/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/12/2013. 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 retrospective request for sixty (60) tablets of Naproxen 550mg **is not medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the retrospective request for thirty (30) tablets of Ultram Extended Release 150mg **is not medically necessary and appropriate.**

3) MAXIMUS Federal Services, Inc. has determined the retrospective request for sixty (60) capsules of Prilosec 20mg **is medically necessary and appropriate.**

4) MAXIMUS Federal Services, Inc. has determined the retrospective request for thirty (30) patches of Medrox 5% **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 Pain Management, 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 patient is a 57-year-old male who reported an injury on 10/26/2012. The patient was seen for initial evaluation with Dr. [redacted] on 05/29/2013. The note reported the patient was injured due to a trip and fall. At the time of the office visit the patient had complaints of 7/10 pain in the low back radiating to the left leg with occasional tingling and weakness in the left leg/foot. The note reported the patient's medications included Norco, Prilosec, Naproxen, thyroid medication and bupropion. The patient reported that pain was relieved with medications along with rest. Past medical history was noted to be significant for thyroid disorder and GERD. The patient was recommended for Ultram, naproxen, Prilosec, Medrox patch, and lumbar medial branch block. QME dated 06/26/2013 reported the patient had not reached permanent and stationary and additional medical care should include facet injection and medial branch block. The patient was seen on 07/01/2013 with complaints of 7/10 pain in the low back radiating to the left leg with associated weakness and occasional tingling. The note reported urine drug screen was positive for amphetamines and methamphetamines. The patient was recommended for ongoing medication management and medial branch block. Utilization review completed on 07/17/2013 by Dr. [redacted] reported the retrospective request for Naproxen, Ultram, Prilosec and Medrox patches were non-certified.

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 (received 7/30/13)
- Utilization Review Determination from [redacted] (dated 7/17/13)
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) **Regarding the retrospective request for** sixty (60) tablets of Naproxen 550mg**:**

   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, page 68, which is part of the California Medical Treatment Utilization Schedule (MTUS). The Expert Reviewer relied on the Chronic Pain Medical Treatment Guidelines, NSAIDs (non-steroidal anti-inflammatory drugs) pages 67-68 and page 73, which are part of the MTUS.

   Rationale for the Decision:
   The MTUS Chronic Pain Medical Treatment Guidelines recommend Naproxen for patients with osteoarthritis and/or acute/chronic back pain. The medical records submitted and reviewed fail to document that the employee has osteoarthritis pain. There is lack of documentation of any significant objective functional improvement of pain relief with current medication regimen to support ongoing use of Naproxen. The medical records also indicate the employee has a history of GERD which would not support the use of an NSAID such as Naproxen. **The retrospective request for sixty (60) tablets of Naproxen 550mg is not medically necessary or appropriate.**

2) **Regarding the retrospective request for** thirty (30) tablets of Ultram Extended Release 150mg**:**

   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, page 111, which is part of the California Medical Treatment Utilization Schedule (MTUS). The Expert Reviewer relied on the Chronic Pain Medical Treatment Guidelines, Opioids, page 76-78 and pages 93-94, which are part of the MTUS.

   Rationale for the Decision:
   The MTUS Chronic Pain Medical Treatment Guidelines recommend ongoing use of Tramadol (generic for Ultram) for patients with pain if documentation is consistent with the “4 A’s”. MTUS Guidelines indicate the “4 A’s” include analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The medical records provided and reviewed documented the employee having inconsistent urine drug screen results at the time of initial

prescription. The documents provided fail to provide any significant objective functional improvement or pain relief to warrant ongoing use of Ultram. **The retrospective request for thirty (30) tablets of Ultram is not medically necessary and appropriate.**

3) **Regarding the retrospective request for** sixty (60) capsules of Prilosec 20mg**:**

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 California Medical Treatment Utilization Schedule (MTUS), but did not cite a specific section. The Expert Reviewer relied on the Chronic Pain Medical Treatment Guidelines, NSAIDs (non-steroidal anti-inflammatory drugs), GI symptoms & cardiovascular risk, pages 68-69, which are part of the MTUS.

Rationale for the Decision:
The MTUS Chronic Pain Medical Treatment Guidelines recommend Prilosec/pronton pump inhibitor for patients at risk for gastrointestinal events. Medical records provided and reviewed indicated the employee has a history of GERD. **The retrospective request for sixty (60) capsules of Prilosec 20mg is medically necessary and appropriate.**

4) **Regarding the retrospective request for** thirty (30) patches of Medrox 5%**:**

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, Topical Analgesics section, which is part of the California Medical Treatment Utilization Schedule (MTUS). The Expert Reviewer relied on the Chronic Pain Medical Treatment Guidelines, pages 105-113, which are part of the MTUS.

Rationale for the Decision:
The MTUS Chronic Pain Medical Treatment Guidelines does indicate that topical analgesics are largely experimental in use with few randomized controlled trial of capsaicin. Medrox contains ingredients which include 0.0375% of capsaicin. The guidelines state that there have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. The medical records submitted and reviewed lack the clinical rationale and documented improvement to support the use do Medrox patches. **The retrospective request for thirty (30) patches of Medrox 5% is 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,

Richard C. Weiss, MD, MPH, MMM, PMP
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.