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

Notice of Independent Medical Review Determination

Dated: 11/8/2013

[redacted]

[redacted]

Employee:	[redacted]
Claim Number:	
Date of UR Decision:	7/22/2013
Date of Injury:	5/12/2011
IMR Application Received:	8/2/2013
MAXIMUS Case Number:	CM13-0006212

1) MAXIMUS Federal Services, Inc. has determined the request for **Ibuprofen is not medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the request for **one urine for toxicology is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/2/2013 disputing the Utilization Review Denial dated 7/22/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/26/2013. 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 **Ibuprofen is not medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the request for **one urine for toxicology 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 Family Practice, 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 29-year-old female who injured her right wrist and right hand on 5/21/11 while working. The patient also developed pain in the neck and shoulders due to repetitive use. Examination findings in September 2012 showed cervical myelopathy and cervical foraminal stenosis.The prescription for acupuncture and ibuprofen 800 mg three times a day were given. The series of cervical epidural stieroid injections were also recommended. Examination noted in November 2012 a normal EMG study. On the first epidural injection given in December 2012 the patient was also given Vicodin that day. In March 2013 the patient was given a third cervical epidural steroid injection. A prescription for ibuprofen was given in 4/16/13. A urine drug screen on 6/25/13 was negative.Patient was seen by pain management on 7/30/13 due to constant headaches. Examination findings revealed occipital nerve impingement, neuropathy and tenderness in the cervical muscles.Occipital nerve block was recommended for treating headaches. Ibuprofen was prescribed to decrease inflammation in the muscles of the cervical spine. To ensure no illegal drugs were taken a urine drug screen was ordered.

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
- Medical Records from Provider
- Medical Treatment Utilization Schedule (MTUS)

1) **Regarding the request for Ibuprofen:**

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 Official Disability Guidelines, Neck and Upper Back, which are not part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pg. 67 and 70, which are part of the MTUS.

Rationale for the Decision:
The MTUS guidelines recommend nonsteroidal drugs at the lowest dose for the shortest period for moderate and severe pain in patients with osteoarthritis. To reduce inflammation in the cervical region that would subsequently reduce headache has not been substantiated by the guidelines. Furthermore the employee was on a very high-dose ibuprofen for several months without a escalating dose trial. According to the box labeling, routine chemistry profile is recommended. In addition, a recent chemistry profile liver function test has not been performed.**The request for ibuprofen is not medically necessary and appropriate.**

2) **Regarding the request for one urine for toxicology:**

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 are part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pg. 77, which are part of the MTUS.

Rationale for the Decision:
MTUS guidelines indicate that urine drug screens are considered appropriate when there is suspected abuse of illegal drugs. The medical records indicate that a urine drug screen performed in June 2013 that was negative and because there is no indication of prior illegal drug use on history and urine findings where negative there is no reason to consider additional urine toxicology screening. **The request for one urine for toxicology 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,

Paul Manchester, MD, MPH
Medical Director

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

/th

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.