

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/5/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/26/2013
Date of Injury:	11/9/2010
IMR Application Received:	8/2/2013
MAXIMUS Case Number:	CM13-0006478

- 1) MAXIMUS Federal Services, Inc. has determined the request for Ultracet 37.5/325 #90 dispensed 09/18/13 with 2 refills **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Medrox ointment 4 oz with 2 refills **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Omeprazole 20 mg with 2 refills **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 7/26/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/30/2013. 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 Ultracet 37.5/325 #90 dispensed 09/18/13 with 2 refills **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Medrox ointment 4 oz with 2 refills **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Omeprazole 20 mg with 2 refills **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:

This is a patient that suffers from low back pain due to a lifting injury on November 9, 2010. A recent MRI performing April 20 13,013 shows disc degeneration in the lower lumbar spine. Pre-operative Examination by an internist on April 24, 2013 stated the following diagnoses: A herniated nucleus proposes at L4 L5 and L5 S1, the patient is cleared for spinal fusion with decompression of those final levels and there's a history of anxiety as well as gastritis. The abdominal exam at the time was unremarkable the neurologic and extremity exam was within normal limits. His review of systems did no constipation due to taking pain medications. On April 20 50,013 the patient underwent decompressive laminectomy, media facetectomy and a neuroforaminotomy.

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 Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for Ultracet 37.5/325 #90 dispensed 09/18/13 with 2 refills :

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 CA MTUS Guidelines, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Official Disability Guidelines, (ODG) Opioids and Tramadol, which is not part of the MTUS and the Chronic Pain Medical Treatment Guidelines, Tramadol, Opioids, page 113, which is part of the MTUS

Rationale for the Decision:

According to the MTUS Chronic Pain Guidelines, tramadol is not recommended as a first-line oral analgesic. The ODG indicate tramadol is effective in the treatment of neuropathic pain. Ultracet contains tramadol and acetaminophen. The records indicate the employee tried using Norco before being switched to Ultracet. The records indicate tramadol was prescribed in June 2013 and then it was replaced with ibuprofen in August 20, 2013. The current request is for refills of Ultracet. Adequate documentation was not provided after the initial use of Ultracet in June 2013 indicating pain response, side effects or benefits from this medication. The records indicate the medication was switched to a nonsteroidal anti-inflammatory, but there was no documentation providing a rationale for this change. **The request for Ultracet 37.5/325 #90 dispensed 09/18/13 with 2 refills is not medically necessary and appropriate.**

2) Regarding the request for Medrox ointment 4 oz with 2 refills :

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 CA MTUS Guidelines, topical analgesics, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Capsaicin and Topical Analgesics, pages 28-29, 111-112, which is part of the MTUS.

Rationale for the Decision:

The MTUS Chronic Pain Guidelines indicate that topical analgesics have been largely experimental in use with few randomized controlled trials to determine efficacy or safety. These are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Medrox ointment contains capsaicin. The guidelines state there have been no studies to support capsaicin in a 0.0375% formulation and there is no current indication that an increase over a 0.025% formulation would provide any further efficacy. Although the records indicate the employee has relief from this ointment, the percentage of capsaicin found in this ointment is above the percentage found to be efficacious. **The request for Medrox ointment 4 oz with 2 refills is not medically necessary and appropriate.**

3) Regarding the request for Omeprazole 20 mg with 2 refills :

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 CA MTUS, proton pump inhibitors, which is part of the MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the ODG, Current Version, Proton Pump Inhibitors, and Medical Evidence Package labeling for Omeprazole/FDA approved indications.

Rationale for the Decision:

According to the ODG proton pump inhibitors such as omeprazole, are recommended for patients with gastrointestinal events. Although the records mention a history of gastritis there has been no documentation of gastric ulcers reflux disease, gastrointestinal bleeding or H. pylori. FDA product labeling notes that omeprazole is indicated for up to eight weeks. The records indicate that the employee has been taking omeprazole since April 2013, which exceeds this recommendation. **The request for Omeprazole 20mg with 2 refills 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

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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.