

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review  
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**Notice of Independent Medical Review Determination**

Dated: 11/20/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/23/2013
Date of Injury:	4/23/2007
IMR Application Received:	8/5/22013
MAXIMUS Case Number:	CM13-0007146

- 1) MAXIMUS Federal Services, Inc. has determined the request for Tramadol 150mg #30 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Naproxen 550mg #60 **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Prilosec 20mg #60 **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/5/2013 disputing the Utilization Review Denial dated 7/23/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/16/2013. 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 Tramadol 150mg #30 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Naproxen 550mg #60 **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Prilosec 20mg #60 **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 patient is a 54-year-old male who reported injury on 04/30/2007. The mechanism of injury was not provided. The diagnoses were stated to be internal derangement of the right knee status post medial and lateral meniscectomy, chondroplasty with grade III chondromalacia along the facet of the patella and medial femoral condyle and internal derangement of the knee due to compression for the right. The patient was noted to have a constant pain in the knees bilaterally 7/10 to 8/10 daily and spasms along with numbness and tingling sometimes. The patient is noted to be working full time. The treatment plan was stated to be tramadol ER 150 mg, naproxen 550 mg, and Prilosec 20 mg #60.

### **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 Tramadol 150mg #30:**

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, May 2009, which is a part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Opioids, pg. 75, 78, 82, which is a part of the MTUS.

Rationale for the Decision:

California MTUS Guidelines state that tramadol is not recommended as a first line therapy. Additionally, tramadol is noted to be an opiate analgesic. The ongoing use opioids involves documentation of the "4 A's", analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. A review of the medical records provided indicate that the employee is able to perform self care without assistance and documents that the employee has stomach upset as a side effect of the medications; however, it fails to provide the employee has a documented level of analgesia with and without the medication and if the employee has aberrant drug taking behaviors. Given the above, lack of information provided, **the request for Tramadol 150 mg #30 is not medically necessary and appropriate.**

**2) Regarding the request for Naproxen 550mg #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 the Chronic Pain Medical Treatment Guidelines (May 2009), which is a part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, (May 2009), pg. 22, Anti-inflammatory medications, which is part of the MTUS.

Rationale for the Decision:

California MTUS Guidelines recommend naproxen for the treatment of osteoarthritis and as a first line of treatment to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A review of the medical records provided indicates the employee has pain of 7/10 to 8/10. However, clinical documentation submitted for review indicates the employee has been on this medication and the efficacy of the medication has not been documented. **The request for Naproxen 550 mg #60 is not medically necessary and appropriate.**

**3) 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 May 2009, which is part of the MTUS.

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

Rationale for the Decision:

California MTUS Chronic Pain Medical Treatment Guidelines recommend the use of a PPI for treatment of dyspepsia secondary to NSAID therapy. After a review of the medical records provided, it indicates the employee has stomach upset from taking the medications; however, it fails to indicate the efficacy of the medication since it is noted this is a refill. The request for Prilosec 20 mg #60 would not be supported. **The request for Prilosec 20mg #60 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, 18<sup>th</sup> Floor  
Oakland, CA 94612

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