

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/6/2013

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/22/2013
Date of Injury: 8/14/2004
IMR Application Received: 8/5/2013
MAXIMUS Case Number: CM13-0007185

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Simethicone 80mg #60 is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Lovaza 4g is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Anusol 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 7/22/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/5/2013. 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 **Simethicone 80mg #60 is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Lovaza 4g is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Anusol 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:

Injury date from 8/14/04, injury to low back, right knee. There apparently are complications of ear pain, HTN, GI and urological problems and depression. Listed diagnoses are L-S musculoligamentous strain/sprain with radiculitis, r/o LS spine discogenic disease, s/p rib rx, rib puncture, r/o NSAID's induced gastropathy, s/p knee surgery, HTN, urological impairment, stomach pain and ear pain per Dr. [REDACTED].

MRI of Lspine from 8/15/13 showed extruded disc at L5-1, 3mm protrusion with annular tear at L4-5. Dr. [REDACTED] states in his 8/22/13 report that the patient was hospitalized for 8 days due to back pain, sciatica and intermittent incontinence, inability to ambulate (only 1 page of this report is available for review at page 1878 of 1893).

On 8/10/13 emergency department note, listed medications do not include Simethicone, lovaza and anusol but has 14 other medications. CT 8/10/13 no evidence of fracture but disc bulges at L4-1.

7/25/13, treatere's report does not discuss medications but has complaints of HTN/urological problem, stomach pain and left ear pain. Treatments were PT, acupuncture, ortho mattress, medrox, Relafen, omeprazole.

7/16/13, treatere's report recommends refills of Simethicone, Lovaza, and Anusol HC cream among other things. The patient has worsening abdominal pain, constipation, gastropathy and acid reflux and no changes with HTN and blurred vision. The patient also c/o gas, bloating, and episodic bright red blood per rectum.

6/20/13 report by Dr. [REDACTED], for 34d ESWT procedure apparently for knee condition.

6/7/13 report by an internal medicine physician, c/o no change in abdominal pain, acid reflux not well controlled, gastropathy, constipation, blood per rectum, HTN, blurred vision. Has listed medications that include Simethicone, Lovaza and anusol. However, no discussion as to how the medications are effective.

4/9/13, treater's note (internal med), patient has worsening abdominal pain, acid reflux, gastropathy, no change to constipation, blood per rectum, HTN, hyperlipidemia, weight gain.

5/2/13 treater's note, no discussion of medications under current question.

4/9/13, internal medicine note, stating that medications are not working for GI reflux. Patient notes not changes in abdominal pain, visual disturbance, or blood per rectum. No discussion as to why the medications are to be continued when they are not helping.

4/3/13, biopsy report of the GI system, only showed mild chronic inactive gastritis, patchy foci of increased eosinophis in colon. Colonoscoy showed one polyp otherwise normal, endoscope showing diffuse esophagitis, with multiple linear erosions, antral gastritis.

12/7/12, Labs, Triglyceride was 310, chol 173, HDL 40, LDL normal.

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 Simethicone 80mg #60:

Section of the Medical Treatment Utilization Schedule (MTUS) Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on (unknown, did not receive MPR for review).

The Expert Reviewer based his decision on the Chronic Pain Medical Treatment Guidelines, Medical vs Self Management Model, pg 5 and pg 8 Evaluation of Progress which is part of MTUS.

Rationale for the Decision:

MTUS does not address simethicone, but discusses a self-management approach and places primary responsibility on the person with chronic pain. In this case, there is absolutely no change in the employee's symptoms. Despite an extensive review of the medical records provided, none of the medications provided for the employee has helped the employee's symptoms at all. All of the progress reports indicate "no changes" with the abdominal symptoms. None of the reports discuss whether or not Simethicone is doing anything for this employee which would meet guideline criteria for continuation. **The request for Simethicone 80mg #60 is not medically necessary and appropriate.**

2) Regarding the request for Lovaza 4g:

Section of the Medical Treatment Utilization Schedule (MTUS) Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on (unknown, did not receive MPR for review).

The Expert Reviewer based his decision on the Chronic Pain Medical Treatment Guidelines, (MTUS), pg 8 Evaluation of Progress which is part of MTUS

Rationale for the Decision:

MTUS states continuation or modification of pain management depends on the physician's evaluation of progress toward treatment objectives. If the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities. The medical records indicate the last lab results show TGL of 310, HDL 40 and cholesterol at 173. The treater has prescribed Lovaza, there is no documentation that this medication is doing anything. There are no laboratory results to show that there has been any improvement. The treater has recommended life style changes, but there is no discussion as to whether or not this has done anything. There is no documentation in the records reviewed that this medication is doing anything for the employee's mildly elevated tryglycerides, and no documentation of any changes in the employee's condition which would meet guideline criteria for the medication. **The request for Lovaza 4g is not medically necessary and appropriate.**

3) Regarding the request for Anusol:

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 (unknown, did not receive MPR for review).

The Expert Reviewer based his decision on the Chronic Pain Medical Treatment Guidelines, (MTUS), pg 8 Evaluation of Progress which is part of MTUS.

Rationale for the Decision:

MTUS does not address Anusol, but does discuss self-management approach and places primary responsibility on the person with chronic pain. "Currently, self-management strategies can significantly improve a employee's functiona and quality of life, while reducing subjective experiences of pain. It is important to

educate patients on this distinction, to avoid persistent and unrealistic expectations for an elusive cure, where none exists.” This section of MTUS then states that this unrealistic curative view leads to repeated failures. Despite an extensive review of the medical records provided for review, none of the medications provided for the employee has helped the symptoms at all. All of the progress reports indicate “no changes” with the abdominal symptoms. Given the absence of any discussion, absence of any effectiveness of these medications, there is no guideline criteria for continuation. MTUS also requires “modification of pain management” that depends on the physician’s evaluation of progress toward treatment objectives. In this case, there is no monitoring of Anusol as there is no documentation regarding effectiveness of the medication. **The request for Anusol 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.