

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/24/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/22/2013
Date of Injury: 3/2/2005
IMR Application Received: 8/7/2013
MAXIMUS Case Number: CM13-0008309

DEAR [REDACTED],

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 physician 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 disputed items/services.

DOCUMENTS REVIEWED

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)

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 51 year old female who reported an injury on 03/02/2005 caused by cumulative trauma from repetitive sitting, typing, and using the mouse while working in the Human Resources department. She has had continued complaints of neck, low back, and bilateral shoulder pain and was diagnosed as having cervical facet syndrome, cervical pain, shoulder pain, pain in joint of the lower leg, lumbar radiculopathy, and low back pain. She was referred to an acupuncturist for 6 sessions, but there is no objective information provided regarding the efficacy of this treatment. She was previously prescribed Percocet, Celebrex, and Pepcid as well as the use of a TENS unit. It was noted she has had improvement in her pain level and has been more restful with the use of these treatments.

IMR DECISION(S) AND RATIONALE(S)

The Final Determination was based on decisions for the disputed items/services set forth below:

1. Celebrex is not medically necessary and appropriate.

The Claims Administrator based its decision on the The CA MTUS, which is part of MTUS and ACOEM Guidelines, page 47, which is not MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines NSAIDS (non-steroidal anti-inflammatory drugs), pages 67-68, which is part of MTUS.

The Physician Reviewer's decision rationale:

The CA MTUS does not recommend non-steroidal anti-inflammatory drugs (NSAID)'s for long-term use and even found that they were no more effective than other drugs such as acetaminophen, narcotic analgesic, and muscle relaxants. Furthermore, NSAIDS were found to have more adverse side effects than placebo and acetaminophen. In regards to neuropathic pain, there is inconsistent evidence for the long term use of NSAIDS. Another find by The CA MTUS is "the use of NSAIDs has been shown to possibly delay and hamper healing in all the soft tissues, including muscles, ligaments, tendons, and cartilage". The employee has been noted as using Celebrex for several months to treat multiple areas of pain. However, The CA MTUS guidelines do not support the long-term use of NSAIDS. **The request for Celebrex is not medically necessary and appropriate.**

2. Pepcid is not medically necessary and appropriate.

The Claims Administrator based its decision on the The CA MTUS, which is part of MTUS and ACOEM Guidelines, page 47, which is not MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, page 69, which is MTUS. Official Disability Guidelines (ODG) Pain Chapter, Duexis® (ibuprofen & famotidine), which is not MTUS.

The Physician Reviewer's decision rationale:

The CA MTUS states that treatment of dyspepsia is secondary to non-steroidal anti-inflammatory drugs (NSAID) therapy. According to Official Disability Guidelines, Ibuprofen (eg, Motrin, Advil) and famotidine (eg, Pepcid) are also available in multiple strengths OTC, and other strategies are recommended to prevent stomach ulcers in patients taking NSAIDS. Although the use of Pepcid is warranted when a patient is taking NSAIDs, the previous medication request for Celebrex was not found to be medically necessary, and as the employee is not currently taking another form of NSAID, there is no medical necessity for Pepcid at this time. **The request for Pepcid is not medically necessary and appropriate.**

/cm

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.

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