
Notice of Independent Medical Review Determination

Dated: 12/4/2013

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/26/2013

1/25/2012

8/12/2013

CM13-0009914

- 1) MAXIMUS Federal Services, Inc. has determined the retrospective request for **Norco 10/325 mg 1 tablet q 4-6 hours PRN for pain #90 is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the retrospective request for **Ultram 150 mg 1 capsule OD #60 is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the retrospective request for **Protonix 20 mg 1 capsule BID for stomach irritation #60 is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the retrospective request for **Naproxen 550 mg 1 tablet BID for inflammation #60 is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the retrospective request for **Ultram 150 mg 1 capsule OD #30 is not medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the retrospective request for **Naproxen 550 mg 1 tablet BID for inflammation #90 is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/12/2013 disputing the Utilization Review Denial dated 7/26/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/19/2013. 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 retrospective request for **Norco 10/325 mg 1 tablet q 4-6 hours PRN for pain #90** is not **medically necessary and appropriate**.
- 2) MAXIMUS Federal Services, Inc. has determined the retrospective request for **Ultram 150 mg 1 capsule OD #60** is not **medically necessary and appropriate**.
- 3) MAXIMUS Federal Services, Inc. has determined the retrospective request for **Protonix 20 mg 1 capsule BID for stomach irritation #60** is not **medically necessary and appropriate**.
- 4) MAXIMUS Federal Services, Inc. has determined the retrospective request for **Naproxen 550 mg 1 tablet BID for inflammation #60** is not **medically necessary and appropriate**.
- 5) MAXIMUS Federal Services, Inc. has determined the retrospective request for **Ultram 150 mg 1 capsule OD #30** is not **medically necessary and appropriate**.
- 6) MAXIMUS Federal Services, Inc. has determined the retrospective request for **Naproxen 550 mg 1 tablet BID for inflammation #90** 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 Internal Medicine, has a subspecialty in Rheumatology 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 51 year old female was injured 1/25/12. The mechanism of injury is not stated. An MRI of the lumbar spine was completed on 04/2012 and revealed degenerative disc changes at L4-L5 and L5-S1. Cervical spine plain films were completed on 3/5/13 and were read as normal. Cervical spine surgery was performed 3/5/13, details not stated. The requesting provider's medical reports dated 6/11/12 – 9/23/13 stated that the

patient complained of neck pain and lower back pain. Objective: positive straight leg raise on the right side, antalgic gait, decreased range of motion of the cervical spine, decreased range of motion of the lumbar spine. Diagnosis: cervical spine pain, lumbar spine degenerative disc disease. Treatment plan and request: Naproxen, Ultram, Protonix.

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 retrospective request for Norco 10/325 mg 1 tablet q 4-6 hours PRN for pain #90:

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Norco, Hydrocodone/Acetaminophen, page 91, which is part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Opioids, criteria for use, pages 76-85, 88-89, which is part of MTUS.

Rationale for the Decision:

The medical records submitted for review indicate that the employee has chronic neck pain and lower back pain and has been diagnosed with chronic neck pain and lumbar spine degenerative disc disease. The records indicate that prior treatment has included cervical spine surgery, physical therapy and chronic opioid and non-opioid analgesics. The available medical records show treatment with Norco, Naproxen, Ultram and Protonix. There were no treating physician reports submitted that adequately address the specific indications for ongoing use of opioids, assess the employee with respect to function, specific benefit, return to work, patient goals and signs of abuse. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above, which recommends prescribing according to function, with specific functional goals, return to work, opioid contract and documentation of a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. **The retrospective request for Norco 10/325 mg 1 tablet q 4-6 hours PRN for pain #90 is not medically necessary and appropriate.**

2) Regarding the retrospective request for Ultram 150 mg 1 capsule OD #60:

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Tramadol (Ultram), page 94, which is part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Opioids, criteria for use, pages. 76-85, 88-89, 93-94, which is part of MTUS.

Rationale for the Decision:

The medical records submitted for review indicate that the employee has chronic neck pain and lower back pain and has been diagnosed with chronic neck pain and lumbar spine degenerative disc disease. The records indicate that prior treatment has included cervical spine surgery, physical therapy and chronic opioid and non-opioid analgesics. The available medical records show treatment with Norco, Naproxen, Ultram and Protonix. There were no treating physician reports submitted that adequately address the specific indications for ongoing use of opioids, assess the employee with respect to function, specific benefit, return to work, patient goals and signs of abuse. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above, which recommends prescribing according to function, with specific functional goals, return to work, opioid contract and documentation of a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. **The retrospective request for Ultram 150mg 1 capsule OD #60 is not medically necessary and appropriate.**

3) Regarding the retrospective request for Protonix 20 mg 1 capsule BID for stomach irritation #60 :

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, pages 68-69, which is part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, section NSAIDS, GI Symptoms & Cardiovascular Risk, pages 68-69, which is part of MTUS.

Rationale for the Decision:

The employee has chronic neck pain and lower back pain. The employee has been diagnosed with chronic neck pain and lumbar spine degenerative disc disease. Treatment has included cervical spine surgery, physical therapy, and chronic opioids, and non-opioids analgesics. The available medical records show prior treatment with Norco, Naproxen, Ultram, and Protonix. The medical records submitted for review do not discuss the specific signs and symptoms of any gastrointestinal conditions or the specific risk factors indicating a need for a proton pump inhibitor (PPI). There is no discussion of specific results of taking

chronic Protonix. There are no available medical records which adequately describe the relevant signs and symptoms of possible gastrointestinal disease. Per the Chronic Pain guidelines, co-therapy with an NSAID (non-steroidal anti-inflammatory drug) is not indicated other than those at higher risk. Chronic use of PPIs can predispose user to hip fractures. Protonix is not indicated based on risk of toxicity and lack of medical necessity according to the MTUS guidelines. **The retrospective request for Protonix 20 mg 1 capsule BID for stomach irritation #60 is not medically necessary and appropriate.**

4) Regarding the retrospective request for Naproxen 550 mg 1 tablet BID for inflammation #60:

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Naproxen, NSAIDs (non-steroidal anti-inflammatory drugs), pages 67-68 & 73, which is part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, NSAIDs, pages 67- 68, and Low back pain, pages 296-299, which are part of MTUS.

Rationale for the Decision:

The employee has chronic neck pain and lower back pain. The employee has been diagnosed with chronic neck pain and lumbar spine degenerative disc disease. The prior treatment has included cervical spine surgery, physical therapy, and chronic opioids, and non-opioids analgesics. The available medical records show treatment with Norco, Naproxen, Ultram, and Protonix. Per MTUS guidelines, NSAIDs (non-steroidal anti-inflammatory drugs) for chronic back pain should be used for short term (2-4 weeks) symptomatic relief only and at the lowest dose possible. Additionally, there is no evidence for the long term effectiveness of NSAIDs in relieving chronic pain or improving patient function. Naproxen is not indicated based on lack of medical necessity according to the MTUS guidelines. **The retrospective request for Naproxen 550 mg 1 tablet BID for inflammation #60 is not medically necessary and appropriate.**

5) Regarding the retrospective request for Ultram 150 mg 1 capsule OD #30:

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Tramadol (Ultram), page 94, which is part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Opioids, criteria for use, pages 76-85, 88-89, 93-94, which is part of MTUS.

Rationale for the Decision:

The medical records submitted for review indicate that the employee has chronic neck pain and lower back pain and has been diagnosed with chronic neck pain and lumbar spine degenerative disc disease. The records indicate that prior treatment has included cervical spine surgery, physical therapy and chronic opioid and non-opioid analgesics. The available medical records show treatment with Norco, Naproxen, Ultram and Protonix. There were no treating physician reports submitted that adequately address the specific indications for ongoing use of opioids, assess the employee with respect to function, specific benefit, return to work, patient goals and signs of abuse. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above, which recommends prescribing according to function, with specific functional goals, return to work, opioid contract and documentation of a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. **The retrospective request for Ultram 150mg 1 capsule OD #30 is not medically necessary and appropriate.**

6) Regarding the request for Naproxen 550 mg 1 tablet BID for inflammation #90:

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Naproxen, NSAIDs (non-steroidal anti-inflammatory drugs), pages 67-68 & 73, which is not part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, NSAIDs, pages 67- 68, and Low back pain, pages 296-299, which are part of MTUS.

Rationale for the Decision:

The employee has chronic neck pain and lower back pain. The employee has been diagnosed with chronic neck pain and lumbar spine degenerative disc disease. The prior treatment has included cervical spine surgery, physical therapy, and chronic opioids, and non-opioids analgesics. The available medical records show treatment with Norco, Naproxen, Ultram, and Protonix. Per MTUS guidelines, NSAIDs (non-steroidal anti-inflammatory drugs) for chronic back pain should be used for short term (2-4 weeks) symptomatic relief only and at the lowest dose possible. Additionally, there is no evidence for the long term effectiveness of NSAIDs in relieving chronic pain or improving patient function. Naproxen is not indicated based on lack of medical necessity according to the MTUS guidelines. **The retrospective request for Naproxen 550 mg 1 tablet BID for inflammation #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, 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.