

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/13/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/26/2013
Date of Injury:	6/26/2006
IMR Application Received:	8/12/2013
MAXIMUS Case Number:	CM13-0009983

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Ultracet 37.5/325mg #120 with 1 refill is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Zanaflex 4mg with 1 refill is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Prilosec 20mg #120 with 1 refill is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **Motrin 800mg #120 with 1 refill 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 9/17/2013. 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 37.5/325mg #120 with 1 refill** is not **medically necessary and appropriate**.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Zanaflex 4mg with 1 refill** is not **medically necessary and appropriate**.
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Prilosec 20mg #120 with 1 refill** is not **medically necessary and appropriate**.
- 4) MAXIMUS Federal Services, Inc. has determined the request for **Motrin 800mg #120 with 1 refill** 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, 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 42 year old female who sustained an injury on 06/26/06. The mechanism of injury was not provided for review. She was diagnosed with bilateral shoulder pain, status post right and left shoulder surgery; bilateral carpal tunnel syndrome, status post bilateral carpal tunnel release surgery, right hip labral tear, status post right hip arthroscopic surgery; and lumbar degenerative disc disease. The patient has been maintained on medical therapy with Ultracet, Zanaflex, Motrin, Prilosec, and Motrin. Per the medical documentation she has complaints of ongoing neck, right hip, low back and bilateral shoulder pain.

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 37.5/325mg #120 with 1 refill:

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, page 78, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Tramadol, page 93, which is part of the MTUS.

Rationale for the Decision:

The Chronic Pain guidelines indicate regarding the ongoing use of opioid medications, that the lowest possible dose of opioid should be prescribed to improve pain and function and there should be ongoing review and documentation of pain relief, functional status, and satisfactory response to treatment. The medical records submitted for review do not support the continued use of Ultracet as the clinical effectiveness of the drug has not been demonstrated. **The request for Ultracet 37.5/325mg #120 with 1 refill is not medically necessary and appropriate.**

2) Regarding the request for Zanaflex 4mg with 1 refill:

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, pages 63-66, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Muscle relaxants (for pain), pages 63-65, which is part of the MTUS.

Rationale for the Decision:

The Chronic Pain guidelines indicated this medication as a second-line option for the short term management of acute exacerbations in patients with chronic low back pain. It can also be used to treat chronic myofascial pain. Zanaflex is a centrally active alpha 2-adrenergic agonist that is FDA approved for the management of spasticity. It has an unlabeled use for low back pain. A review of the submitted medical records fail to document that the employee currently has or has had a history of any spasticity on exam and there is no stated diagnosis of chronic myofascial pain. The medical records do not indicate if the employee is receiving any benefit or if the medication is effective in controlling pain. **The request for Zanaflex 4mg #120 with 1 refill is not medically necessary and appropriate.**

3) Regarding the request for Prilosec 20mg #120 with 1 refill:

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, pages 67-68, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, pages 67-68, which is part of the MTUS.

Rationale for the Decision:

The Chronic Pain guidelines indicate that proton pump inhibitors such as Prilosec are recommended for patients at intermediate risk for gastrointestinal events and no cardiovascular disease. GI risk factors include: age >65, history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or anticoagulants or high dose/multiple NSAID. The submitted medical records do not indicate that the employee has any gastrointestinal risk factors or GI upset from the use of Motrin was reported. The clinical notes indicate, due to the GI upset the dose of Prilosec was increased, however if Motrin is required, the maximum dose of Prilosec should only be 20mg per day. **The request for Prilosec 20mg #120 with 1 refill is not medically necessary and appropriate.**

4) Regarding the request for Motrin 800mg #120 with 1 refill:

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, page 70, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, NSAIDs, specific drug list & adverse effects, page 70, which is part of the MTUS.

Rationale for the Decision:

Per the Chronic Pain guidelines the recommended dose of all NSAIDs is the lowest dose that provides effectiveness for the shortest duration of time consistent with the individual patient treatment goals. The medical records submitted do not provide specifics with regards to the clinical efficacy of the requested dose of Motrin 800mg 2 times per day (bid). The employee reported gastrointestinal (GI) upset requiring the use of Prilosec at an increased dose (20mg bid). There were no specific reports submitted showing evidence that the Motrin at a higher dose was effective in controlling the employee's pain. There was also no documentation that Motrin at a lower dose was tried to avoid any gastrointestinal side effects. **The request for Motrin 800mg #120 with 1 refill is not medically necessary.**

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.