

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review  
P.O. Box 138009  
Sacramento, CA 95813-8009  
(855) 865-8873 Fax: (916) 605-4270



**Notice of Independent Medical Review Determination**

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- 1) MAXIMUS Federal Services, Inc. has determined the requested 20 units of Hydrocodone/APAP (10/325 mg) **are medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the requested 60 units of Naproxen Sodium (550 mg) **are medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 6/4/2013 disputing the Utilization Review Denial dated 5/10/2013. A Notice of Assignment and Request for Information was provided to the above parties on 6/5/2013. 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 requested 20 units of Hydrocodone/APAP (10/325 mg) **are medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the requested 60 units of Naproxen Sodium (550 mg) **are 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, has a subspecialty in Pain 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.

### Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated June 4, 2013.

This is a 44 year old male with date of injury of 1/21/13. The claimant has had twelve physical therapy visits to date per case notes. Per MRI report of lumbar spine of 2/8/13 reveals L4-5 degenerative disc changes, 3-4mm central disc extrusion migrating slightly over the posterior body of L5, L5-S1 degenerative changes, 8mm right paracentral herniated disc migrating superiorly over the right posterior body of L5 impinging upon the anterior aspect of the thecal sac, lateral disc bulges, greater on the left, and left facet arthropathy narrowing the left neural foramen. Per orthopedic note of 2/19/13, the claimant complains of low back pain, radiation and numbness in right lower extremity to foot, has difficulty with activities of daily living, initially treated with physical therapy that worsened symptoms and medications. Physical examination of lumbar spine reveals tenderness, limited range of motion in all planes, positive straight leg raise in right lower extremity, decreased sensation to pinprick in outer aspects of right calf, and decrease in right Achilles tendon reflex. Diagnoses include underlying lumbar degenerative disc disease, L4-5 and L5-S1, right L5-S1 herniated nucleus pulposus, and lumbar radiculopathy involving right lower extremity. Recommendation made for epidural injection, and work restrictions. Per orthopedic note of 4/12/13, the claimant complains of low back and right lower extremity pain and tightness in mid back, pain is 5-6/10, twelve sessions of therapy without relief, scheduled for epidural, and is taking Norco. Physical examination of lumbar spine reveals flexion 10, extension 0-5, right and left lateral bend 5, decreased right L4-5 and S1 dermatomes, hyporeflexic right patellar and Achilles and left Achilles. X-ray of 1/21/13 is said to reveal degenerative findings, shows disc space narrowing at L4-5, L5-S1. Diagnoses include lumbar radiculopathy and herniated nucleus pulposus of lumbar spine. Recommendations made for electromyogram/nerve conduction velocity study, epidural steroid injection, chiropractic/PT, med panel to evaluate medications, Norco 10/325mg #45 with maximum of 3 per day, naproxen 550mg, Prilosec 20mg #30, and off work.

### **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 for Independent Medical Review
- Utilization Review Determination by [REDACTED] (dated 5/10/13)
- Employee's Medical Records by [REDACTED] (dated 1/21/13 through 3/12/13)
- Employee's Initial Orthopedic Spine Consultation Report by [REDACTED], M.D. (dated 2/19/13)
- Employee's Initial Comprehensive Pain Management Consultation Report by [REDACTED], M.D. (dated 3/12/13)
- Employee's MRI Report by [REDACTED] (dated 2/8/13)
- Employee's Medical Records by [REDACTED] (dated 4/12/13 through 5/13/13)
- American College of Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> Edition, (2004) – Chapter 12: Low Back Complaints (page 299)
- Chronic Pain Medical Treatment Guidelines (2009) (page 75)

#### **1) Regarding the request for 20 units of Hydrocodone/APAP (10/325 mg):**

##### Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009) (page 75), which is part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found page 78 of the Chronic Pain Medical Treatment Guidelines relevant and appropriate for the employee's clinical circumstance.

##### Rationale for the Decision:

The employee was injured on 1/21/13. The employee experienced low back pain, radiation and numbness in lower right extremity to foot, and difficulty with activities of daily living. The employee's medical records received and reviewed provide history, examination findings, and diagnostic test results supportive of a lumbar radiculopathy.

Page 75 of the Chronic Pain Medical Treatment Guidelines, used by the Claims Administrator, does not describe indications for continued opioid use. Page 78 does so in detail. With regard to the Hydrocodone, the page 78 specifically supports continued use of opioids when there is an improvement in pain and function. Improvement in the employee's pain and function has been documented in the records. The requested 20 units of Hydrocodone/APAP (10/325 mg) are medically necessary and appropriate.

#### **2) Regarding the request for 60 units of Naproxen Sodium (550 mg):**

##### Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2<sup>nd</sup> Edition, (2004) – Chapter 12: Low Back Complaints (page 299), which is part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was injured on 1/21/13. The employee experienced low back pain, radiation and numbness in lower right extremity to foot, and difficulty with activities of daily living.

The employee's medical records received and reviewed provide a history, examination findings, and diagnostic test results supportive of a lumbar radiculopathy. The guidelines indicate Naproxen is a common NSAID used for low back pain. The requested 60 units of Naproxen Sodium (550 mg) are 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;

Richard C. Weiss, MD, MPH, MMM, PMP  
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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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.