MAXIMUS FEDERAL SERVICES, INC.
Independent Medical Review
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MAXIMUS Federal Services

Notice of Independent Medical Review Determination

Dated: **12/2/2013**

Employee:	
Claim Number:	
Date of UR Decision:	7/26/2013
Date of Injury:	3/8/2002
IMR Application Received:	8/15/2013
MAXIMUS Case Number:	CM13-0011856

1) MAXIMUS Federal Services, Inc. has determined the request for **Norco 5/325mg #60 with three (3) refills is not medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the request for **Xoten-C lotion #1 is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/15/2013 disputing the Utilization Review Denial dated 7/25/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/24/2013. 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 **Norco 5/325mg #60 with three (3) refills** is not **medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the request for **Xoten-C lotion #1 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 Maryland. 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 42 year old female was injured on March 8, 2002. The mechanism of injury was slipping and falling while carrying soda. A lumbar spine MRI was completed on June 1, 2010 and revealed disc protrusion at L4-L5 and L5-S1 with foraminal stenosis and facet arthropathy at the same levels. No surgery has been performed for this condition. The requesting provider's medical reports state that the patient complained of lower back pain with radiation to the hips and bilateral lower extremities. The diagnosis is lumbar spine degenerative disc disease and chronic lower back 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 Norco 5/325mg #60 with three (3) refills:**

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, Opioids, which is a part of MTUS.

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

Rationale for the Decision:
The employee has chronic low back pain and has been diagnosed with degenerative disc disease. The available medical records show treatment with both opiate and non-opiate analgesics. No treating physician reports adequately address the specific indications for ongoing use of opioids. No treating physician reports adequately assesses the employee with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no documentation of functional improvement or improved quality of life. **The request for Norco 5/325mg #60 with three (3) refills is not medically necessary and appropriate.**

2) **Regarding the request for Xoten-C lotion #1:**

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, Topical Medications, which is a part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Topical Analgesics, pgs. 105, 111-113, which are a part of MTUS.

Rationale for the Decision:
The employee has chronic low back pain and has been diagnosed with degenerative disc disease. The available medical records show treatment with both opiate and non-opiate analgesics. The Chronic Pain Medical Treatment Guidelines state that any compounded agent that contains at least one drug that is not recommended for the employee's condition is not recommended. In the case of Xoten-C, a compounded agent containing salicylate, capsaicin and menthol, the ingredient that is not recommended for treatment of degenerative disc disease of the spine is the drug salicylate. Therefore, per MTUS guidelines, Xoten-C is not an acceptable therapy for degenerative disc spinal disease for any duration since it contains salicylate. **The request for Xoten-C lotion #1 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

/dso

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.