

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/16/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 8/2/2013
Date of Injury: 5/21/2008
IMR Application Received: 8/29/2013
MAXIMUS Case Number: CM13-0018172

- 1) MAXIMUS Federal Services, Inc. has determined the retrospective request for **Ultracet (Rx Dr. [REDACTED] 7/12/13) quantity 60.00 is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the retrospective request for **Norco 10/325 mg every 8 hours as needed (Rx Dr. [REDACTED] 07/12/13) quantity 60.00 is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/29/2013 disputing the Utilization Review Denial dated 8/2/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/11/2013. 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 **Ultracet (Rx Dr. [REDACTED] 7/12/13) quantity 60.00 is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the retrospective request for **Norco 10/325 mg every 8 hours as needed (Rx Dr. [REDACTED] 07/12/13) quantity 60.00 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 46-year-old male who reported injury on 05/21/2008 with a mechanism of injury being the patient was moving boxes. The patient was noted to undergo a posterior lumbar interbody fusion of L5-S1 in 2009. The patient's medications were noted to be Lyrica 150 mg 3 times a day, Norco, and Ultracet. A request was made for Ultracet QTY: 60 and Norco 10/325 every 8 hours as needed #60.

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:



- 1) **Regarding the retrospective request for Ultracet (Rx Dr. [REDACTED] 7/12/13) quantity 60.00:**

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 for Chronic Pain, page 80-81 and Tramadol, page 113, which is part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Acetaminophen page 11, Opioids for Neuropathic Pain, page 82, On-going management, page 78, and Weak opioids, page 83, which is part of MTUS.

Rationale for the Decision:

The CA MTUS Guidelines do not recommend tramadol as a first-line therapy. The medication Ultracet is a combination of tramadol and acetaminophen. Per the CA MTUS acetaminophen is recommended for chronic pain and acute exacerbations of chronic pain. Additionally, tramadol is an opioid, and as such, the guidelines indicate there are 4 domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The clinical documentation submitted for review failed to provide the efficacy and the necessity for the medication and they to provide documentation of a thorough objective physical examination to necessitate for the continuation of this medication. **The retrospective for request Ultracet (Rx Dr. [REDACTED] 7/12/13) quantity 60.00 is not medically necessary and appropriate.**

- 2) **Regarding the retrospective request for Norco 10/325 mg every 8 hours as needed (Rx Dr. [REDACTED] 07/12/13) quantity 60.00:**

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 for Chronic Pain, page 80-81, which is part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Opioids, page 75 and On-going management, page 78, which is part of MTUS.

Rationale for the Decision:

The CA MTUS Guidelines recommend Norco as a short-acting opioid, which is effective in controlling chronic pain. The guidelines recommend documentation of 4 domains for ongoing monitoring of chronic pain patients on opioids, including pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The clinical documentation submitted for review failed to provide a thorough objective physical examination to support the request and failed to indicate the necessity for 2 medications containing opioids for pain. **The requested Norco 10/325 mg every 8 hours as needed (Rx Dr. [REDACTED] 07/12/13) quantity 60.00 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

/srb

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.