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

MAXIMUS Federal Services

Notice of Independent Medical Review Determination

Dated: 12/13/2013

Employee:	
Claim Number:	
Date of UR Decision:	8/20/2013
Date of Injury:	3/10/2004
IMR Application Received:	9/3/2013
MAXIMUS Case Number:	CM13-0019955

1) MAXIMUS Federal Services, Inc. has determined the request for **one (1) prescription of Hydrocodone/APAP 10/325mg #180 is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 9/3/2013 disputing the Utilization Review Denial dated 8/20/2013. 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 request for **one (1) prescription of Hydrocodone/APAP 10/325mg #180 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 43-year-old male who reported an injury on 08/10/2004. The patient had continued back complaints that were non-responsive to medication management. The patient was authorized for a spinal cord stimulator trial in 01/2013. The patient underwent spinal cord stimulator implantation in 02/2013. The patient received minimal benefit from the spinal cord stimulator trial. The patient's medications included Norco 10/325 mg 4 times a day, Prilosec once a day, Zanaflex twice a day, and Nucynta 50 mg 3 times a day in combination with dendracin cream. The patient reported minimal benefit from the Nucynta; however, it was also reported that Norco, a maximum of 6 per day, was controlling the patient's pain. The patient underwent a transforaminal epidural steroid injection at the bilateral S1 nerves in 05/2013. The patient also underwent therapeutic chiropractic care. It was noted that the epidural steroid injection therapy decreased the patient's symptoms by 40%, increased his functional capabilities to ambulate, and decreased his medication intake. The patient's diagnoses included right lower extremity chronic regional pain syndrome, chronic pain due to peripheral neuropathy with diabetes, lumbar radiculopathy, progressive neurological deficits, and bilateral calf fasciculations. The patient's treatment plan included a home exercise program, an additional transforaminal epidural steroid injection, and a neurology consult. Continuation of the patient's prescribed medication schedule was also recommended.

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 Treatment Utilization Schedule (MTUS)
- Medical Records from:
  - ☒Claims Administrator
  - ☐Employee/Employee Representative
  - ☐Provider

1) **Regarding the request for one (1) prescription of Hydrocodone/APAP 10/325mg #180:**

   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, which is part of the MTUS.

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

   Rationale for the Decision:
   The Chronic Pain Guidelines indicate, "4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the 4 A's, analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." The medical records provided for review indicate that the employee has a positive pain response with the prescribed medication schedule, and the employee has had improvement in the condition. The employee denied having any side effects as it is related to the medication schedule. The medical records also indicate that the medications decreased the employee's pain and allowed the employee to function and participate in a home exercise program, and that there is evidence of compliance with the prescribed medication schedule. The medical records do not show evidence of abnormal or non-adherent behaviors. **The request for one (1) prescription of Hydrocodone/APAP 10/325mg #180 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

/sh

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.