
Notice of Independent Medical Review Determination

Dated: 10/3/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/8/2013
Date of Injury:	6/10/2002
IMR Application Received:	7/16/2013
MAXIMUS Case Number:	CM13-0001627

- 1) MAXIMUS Federal Services, Inc. has determined the request for Norco 10/325mg #120 **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/16/2013 disputing the Utilization Review Denial dated 7/8/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/18/2013. 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 10/325mg #120 **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 Physical Medicine and Rehabilitation, 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 July 8, 2013:

Note: *The Utilization Review Determination did not provide a clinical summary. A clinical summary was documented from the most recent "Primary Treating Physician's Supplemental Report" dated 6/17/13" Employees date of injury was 6/10/2002.*

"Allow me to remind you of my patient's diagnoses, which are (a) cervical and trapezial musculoligamentous sprain and strain with bilateral lower extremity radiculitis, with medial and lateral disc protrusion, stenosis, and spondylosis, with cord flattening, as per MRI scan dated August 2, 2007, and (b) multilevel lumbar spine disc protrusion with facet degeneration and foraminal stenosis, as per MRI scan dated July 6, 2006.

"On May 24, 2012, a laboratory report from [REDACTED] was reviewed. The urine specimen was collected on May 1, 2012. The sample was taken from the patient tested positive for hydrocodone and hydromorphone. His current pain management regimen was continued.

"On October 10, 2012, the patient was taking Norco, one tablet every four hours due to increased neck and low back pain. He denied any side-effects from prescription medications. Physical examination was unchanged. Norco prescription was changed to one tablet daily every four to six hours as needed. He was released from care.

"In his most recent examination on May 15, 2013, he stated that his neck and shoulder symptoms were unchanged. He was managing his pain with medications. He was taking Norco and Tylenol. Examination of the cervical spine revealed decreased cervical lordotic curvature. Tenderness with muscle guarding was present over the paravertebral musculature. Axial compression test elicited local pain.

Range of motion was limited in all planes. He was sent for random urine sample to document medication compliance, as per Official Disability Guidelines. Refill for Norco was dispensed, as needed for pain and management of chronic pain as he was unable to use non-steroidal anti-inflammatory medications due to high blood pressure.”

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 (received 7/16/13)
- Utilization Review Determination from [REDACTED] (dated 7/8/13)
- Medical Records (Including an Appeal) from [REDACTED], MD (dated 5/24/12-6/17/13)
- Chronic Pain Medical Treatment Guidelines (2009), Opioids, pg. 24 (From provider)
- PR-2 Report from [REDACTED], MD (dated 6/13-12-6/19/13)
- Toxicology Screening Reports from [REDACTED] (dated 5/4/12-5/22/13)

1) Regarding the request for 1 prescription of Norco 10/325mg #120 :

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

The Claims Administrator did not provide any evidence basis for its decision. The provider based his/her appeal on the following guidelines: Occupational Medicine Practices Guidelines 2011, Third Edition, Chapter 3-Initial Approaches to Treatment, pg 43 under Patient Comfort; Chronic Pain Medical Treatment Guidelines (2009) pg. 24; Official Disability Guidelines (ODG) (current version), Use of Opioids; Study entitled “Approach to Managing Musculoskeletal Pain” “Opioid use by Patients in an Orthopedics Spine Clinic”, from Arthritis and Rheumatism, January 2005, Vol 52, No. 1, pages 312-32; Chronic Pain Medical Treatment Guidelines (May 2009) Functional Restoration Approach to Chronic Pain Management. The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (May, 2009), pg. 78, which is part of the Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

The employee sustained a work-related injury on June 10, 2002, resulting in neck and shoulder pain symptoms. The medical records provided for review indicate a diagnosis of multilevel lumbar spine disc protrusion with facet degeneration and foraminal stenosis, cervical musculoligamentous sprain/strain with bilateral upper extremities radiculitis, multilevel disc protrusion with stenosis, and spondylosis and cord flattening. The request is for Norco 10/325 #120.

MTUS Chronic Pain guidelines state that, “4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids... 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 the employee continues to present with chronic pain complaints. The medical records do not document the employee’s assessment of pain level, pain relief, and increase in objective functional improvements with the use of the medication which is necessary to support the long-term necessity of Norco. The request for Norco 10/325 #120 **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;

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

cc: Department of Industrial Relations
Division of Workers’ Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/ejf

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