

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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MAXIMUS  
Federal Services



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**Notice of Independent Medical Review Determination**

Dated: 12/10/2013

[REDACTED]

[REDACTED]

Employee:

[REDACTED]

[REDACTED]

Date of UR Decision:

7/10/2013

Date of Injury:

9/9/2009

IMR Application Received:

7/19/2013

MAXIMUS Case Number:

CM13-0002106

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Norco 400mg 1.00 is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Neurontin 400mg #1.00 is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/19/2013 disputing the Utilization Review Denial dated 7/10/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/25/2013. 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 400mg 1.00 is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Neurontin 400mg #1.00 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 Family Practice 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:

62 year old Male claimant who sustained a work injury while inspecting a roof on 9/9/2009, which resulted in a low back injury. His resultant diagnosis was lumbar spinal stenosis. Since the injury, he has received spinal injections and L4-S1 laminectomy. A progress note on 7/16/13 stated that symptoms of low back pain have been controlled by pain medication including Norco and Gabapentin. Prior to using Norco the pain was 7/10 and reduced to 4-5/10 with Norco. Gabapentin benefited the intermittent radiating leg pain. The employee has been on Norco since at least June 22, 2012 as indicated by an orthopedic examiner and Gabapentin since June 2013.

### 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 400mg 1.00:

#### 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 CA MTUS 2009 Chronic Pain Treatment Guidelines, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines section on Opioids pages 76-83, which is part of the MTUS.

Rationale for the Decision:

Norco is a short acting opioid used for breakthrough pain. According to the MTUS Chronic Pain Guidelines, opioids are not recommended for first-line therapy for neuropathic pain and chronic back pain. Opioids are recommended for a trial basis for short-term use. Long-term use has not been supported by any trials. In this case, the employee had been on Norco for over a year. The medical records provided for review do not include documentation of pain triggers or measures to use longer acting medications. **The request for Norco is not medically necessary and appropriate.**

**2) Regarding the request for Neurontin 400mg #1.00:**

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 CA MTUS 2009 Chronic Pain Treatment Guidelines, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines section on Gabapentin page 49, which is part of the MTUS.

Rationale for the Decision:

According to the Chronic Pain Medical Treatment Guidelines, Neurontin (Gabapentin) is effective for diabetic neuropathic pain and post-herpetic neuralgia and has been considered first-line therapy for neuropathic pain. According to the medical records provided for review, the employee does not have the above medical conditions that would require Gabapentin. Gabapentin is not FDA approved for chronic pain conditions unrelated to diabetic neuropathy or post-herpetic neuralgia. As a result, continued use of Gabapentin is not medically necessary. **The request for Neurontin 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, 18<sup>th</sup> Floor  
Oakland, CA 94612

/MCC

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.