
Notice of Independent Medical Review Determination

Dated: 10/14/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/18/2013

3/10/2008

7/25/2013

CM13-0003369

- 1) MAXIMUS Federal Services, Inc. has determined the retrospective request for Norco 10/325mg #120 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the retrospective request for Lyrica 75mg #30 **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/25/2013 disputing the Utilization Review Denial dated 7/18/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/31/2013. 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 Norco 10/325mg #120 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the retrospective request for Lyrica 75mg #30 **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 Pain Management, 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 18, 2013:

Clinical Rationale

The patient is a 59 year old female with a date of injury of 3/10/2008. The provider is retrospectively requesting prescriptions for #120 Norco 10/325mg and #30 Lyrica 75mg dispensed to the patient on 7/9/2013.

According to the submitted documentation, the patient had worsening back pain with associated left leg pain and left hand numbness and tingling. Objectively, she had decreased distal pulses and deep tendon reflexes, limited low back, neck and right shoulder range of motion, left lower extremity sensory loss, and difficulty ambulating on her toes and heels. She also had positive straight leg raise bilaterally, positive wrist orthopedic testing bilaterally, and a positive impingement sign for her right shoulder.

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 7/25/13)
- Utilization Review Determination from [REDACTED] (dated 7/19/13)
- Medical Records from [REDACTED]
- Medical Treatment Utilization Schedule (MTUS)

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

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

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), Opioids section, which is part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was injured on 3/10/2008 and has experienced pain in the back and left leg, and numbness and tingling sensation in the left hand. Treatment to date has included medications. A retrospective request was submitted for Norco 10/325mg #120.

The MTUS Chronic Pain Medical Treatment Guidelines specify ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be observed. Medical Records submitted and reviewed document a long term use of narcotics for chronic low back pain, and lumbar radiculopathy. There is no documentation showing functional improvement. The guideline criteria have not been met. The retrospective request for Norco 10/325mg #120 **is not medically necessary and appropriate.**

2) Regarding the retrospective request for Lyrica 75mg #30:

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

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), Antiepilepsy Drugs section, which is part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was injured on 3/10/2008 and has experienced pain in the back and left leg, and numbness and tingling sensation in the left hand. Treatment to date has included medications. A retrospective request was submitted for Lyrica 75mg #30.

The Chronic Pain Medical Treatment Guidelines specify that continued use of anti-epilepsy drugs depends on improved outcomes versus tolerability of adverse effects. Medical Records submitted and reviewed do not document any functional improvement. The guideline criteria have not been met. The retrospective request for Lyrica 75mg #30 **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

/ldh

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.