

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 10/18/2013

[REDACTED]

[REDACTED]

| | |
|---------------------------|--------------|
| Employee: | [REDACTED] |
| Claim Number: | [REDACTED] |
| Date of UR Decision: | 7/25/2013 |
| Date of Injury: | 9/26/2012 |
| IMR Application Received: | 7/26/2013 |
| MAXIMUS Case Number: | CM13-0003762 |

- 1) MAXIMUS Federal Services, Inc. has determined the request for Norco 10/325mg #120 with 4 refills **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/26/2013 disputing the Utilization Review Denial dated 7/25/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/2/2013. 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 with 4 refills **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Osteopathic 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.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 25, 2013:

“According to case management information, the patient is a 43-year-old mechanic who was involved in an industrial-related incident on 09/26/12. The patient was reportedly pulling tires off of vehicle when he suffered a low back strain. The patient was initially seen by Dr. [REDACTED] on 10/03/12 and was diagnosed with a sprain of the lumbar region and muscle spasms. The patient was prescribed Flexeril and Vicodin and physical therapy was requested.”

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
- Utilization Review Determination from Claims Administrator
- Employee medical records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for Norco 10/325mg #120 with 4 refills:

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

The Claims Administrator based its decision on the California Medical Treatment Utilization Schedule (MTUS), but did not cite a specific section. The provider did

not dispute the guidelines used by the Claims Administrator. The Expert Reviewer relied on the Chronic Pain Medical Treatment Guidelines (2009), Opioids, pages 77-80, which are part of the California Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

The employee reported an industrial related incident on 9/26/12 and was diagnosed with a sprain of the lumbar region and muscle spasms. Treatment to date has included an MRI, medication and physical therapy. The request is for Norco 10/325mg #120 with 4 refills.

The MTUS Chronic Pain guidelines indicate opioids for chronic back pain show limited efficacy beyond 16 weeks of use. The lifetime substance abuse after chronic use of opioid is 36 to 56%. Pg. 77 states that for continuous pain extended release opioids are recommended. Per medical records submitted and reviewed, the employee has been on the same dose of Norco for over a year. There has been no escalation or reduction of dose to titrate pain. There is no individualized documented benefit for drug response, and no documentation of sustained release opioid use. In addition, due to risk of addiction on polysubstance abuse there are no contract measures for use, or toxicology screens. The request for Norco 10/325mg #120 with 4 refills **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.