
Notice of Independent Medical Review Determination

Dated: 11/22/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/10/2013
Date of Injury:	8/30/2010
IMR Application Received:	7/29/2013
MAXIMUS Case Number:	CM13-0004480

- 1) MAXIMUS Federal Services, Inc. has determined the retrospective request for Hydro/Apap **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/29/2013 disputing the Utilization Review Denial dated 7/10/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/7/2013. 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 Hydro/Apap **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:

The patient is a 40-year-old male who suffered a neurologic injury August 30, 2010. There was no history of headaches prior to the injury. There was note of maximum medical neurologic improvement as of November 2011. He has a history of abdominal pain, cephalgia, chest pain, hypertension, sexual dysfunction and obstructive sleep apnea. Internal medicine note on May 15 and June 5, , 2013 had stated there was pain in the cervical thoracic spines (8/10 pain). The examination however was unremarkable. Medications in the May 15th 2013 notes indicated the use of Norco.

Examination on June 6, 2013 by a chiropractor had noted: tenderness over the paracervical and trapezius muscles bilaterally. There is also tenderness over the left sacroiliac joint and bilateral sciatic notches. There was tenderness and spasm's or the paravertebral area. Pain management was deferred to Dr. [REDACTED] his internist.

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 employee/employee representative
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the retrospective request for Hydro/Apap:

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, pg. 8 and 80, which is a part of MTUS.

The Expert Reviewer based his/her decision on MTUS Chronic Pain Medical Treatment Guidelines, Chronic Pain and Opioid section, pgs.12, Acetaminophen, pg. 75, Criteria for Opioids, pg. 80-81, Opioids for Chronic Pain, which is a part of the MTUS.

Rationale for the Decision:

As noted by the Chronic Pain Medical Treatment Guidelines acetaminophen and NSAIDs have been recommended as first-line therapy for back pain. Short acting opioids are effective in controlling chronic pain. These agents are often combined with other analgesics such as acetaminophen and aspirin. It is not recommended for headaches. In general opioids should be used when acetaminophen or nonsteroidal's do not satisfactorily reduce pain. A review of the records indicates that there is not adequate documentation to state that acetaminophen has failed intervention for the cervical and thoracic pains described above. Furthermore the examination findings by the internist who prescribed the medications lacks detailed documentation. The use of short acting opioids is not medically necessary nor adequately supported by the documentation reviewed. **The retrospective request for Hydro/Apap 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

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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.