

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 11/22/2013

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

[REDACTED]  
[REDACTED]  
[REDACTED]

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 7/17/2013  
Date of Injury: 9/5/2003  
IMR Application Received: 7/29/2013  
MAXIMUS Case Number: CM13-0004580

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Norco 10-325mg #60** 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 7/17/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/8/2013. 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 #60 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:**

This is a 40-year-old male beneficiary with an injury to the right knee while performing customary job duties on September 5, 2003. He had worsening pain over the next several weeks and months. An MRI in October 2003 showed a meniscal tear. In 2004 he underwent knee surgery as well as physical therapy postoperatively. In 2005 due to increasing knee pain he had received three Synvisc injections. He was also receiving Naprosyn and Vicodin medications for pain control. He also used a knee brace as well as occasional use ice and elevation for self relief. In March 2006 it is right knee buckled and he subsequently injured his left knee. And MRI of the knee at the time was normal. He was prescribed Naprosyn and Vicodin for pain as well as had physical therapy three times per week along with local hot and ice packs application. A diagnosis of left knee derangement was given. At least three more Synvisc injections were given at the time. Due to increased pain and swelling of the right knee he subsequently had arthroscopy of his knee in March 2007. Vicodin and Apison were continued for several months. In December 2007 the third Synvisc injection was given to the right knee.

A much later note from an orthopedic evaluation December 2012 at summarize the following: he had received five arthroscopic surgeries to his right knee with the most recent one performing 2010. He continued to have knee grinding catching and pain. A right total knee arthroplasty was recommended. Refills on Vicodin and Prilosec were given. The month prior he also received one Synvisc injection to the left knee due to pain.

A subsequent note in January 2013 at stated that he had decreased swelling of the left knee after one Synvisc injection. The objective findings of the lesson he had noted swelling and diffuse tenderness.

Examination on May 2013 had stated that there was increased swelling of the right knee and decreased swelling in the left knee. The right knee replacement authorization still

pending. tenderness. A cortisone injection was given to the right knee. Vicodin and Prilosec were given for pain management.

In June 2013, Norco and Naprosyn as well as Prilosec were prescribed for pain management.

Examination note in July 2013 had stated left knee fusion with tenderness and decreased range of motion. There was grinding apprehension any positive McMurray's test.

#### **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 request for Norco 10-325mg #60:**

##### 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 California Chronic Pain Medical Treatment Guidelines, which are part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Opioids and Chronic Pain, pgs. 75, 80, 81, 83, 91, 94, 95, which is part of the MTUS.

##### Rationale for the Decision:

Vicodin & Norco our medications containing hydrocodone and acetaminophen. As referenced in the Chronic Pain Medical Treatment Guidelines these are considered short acting opioids . Furthermore long-acting opioids can stabilize medication levels and provide around-the-clock analgesia. After prolonged use of short acting opioids there was no documentation in regards to the response to any controlled release opioids. There is lack of evidence to allow for long-term treatments with opioids since there are no long-term trials when related to osteoarthritis. Long-term use of opioids should be followed by frequent review of medications, establishing goals, frequent random urine talks screens and consideration for opioid contracts. **The request for Norco 10-325mg #60 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

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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.