

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

Dated: 11/21/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/23/2013
Date of Injury: 3/9/1998
IMR Application Received: 7/30/2013
MAXIMUS Case Number: CM13-0005368

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Hydrocodone/APAP 10/325mg every 6 hours QTY: 120.00 is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Topamax 25mg at bedtime increasing to 2 tablets as tolerated QTY: 60.00 is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/30/2013 disputing the Utilization Review Denial dated 7/23/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/9/2013. 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 **Hydrocodone/APAP 10/325mg every 6 hours QTY: 120.00 is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Topamax 25mg at bedtime increasing to 2 tablets as tolerated QTY: 60.00 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 Anesthesia and Pain Medicine, 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:

61 y/o female injured worker who has been treated for neck and shoulder pain. UR determination performed on 7/23/13. It appears 7/12/13 was the most recent record available for review for the UR physician. In reviewing the medical records I find documentation that the patient's medications are helpful for her pain and improve her function, however I am unable to find documentation describing objective measurements of improvement or a percentage of improvement.

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 Hydrocodone/APAP 10/325mg every 6 hours QTY: 120.00:

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 Chronic Pain Medical Treatment Guidelines, pg. 78 of 127, which is a part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Opiates pg. 78-80, which is a part of the MTUS.

Rationale for the Decision:

MTUS lists several documentation requirements for continued opiate use for chronic, non-nociceptive pain, including assessment of efficacy, functional benefit, periodic consideration of weaning trials, as well as risk assessment. After a review of the records provided, these specific requirements have not been sufficiently addressed in order to meet the MTUS definition of medical necessity. **The request for Hydrocodone/APAP 10/325mg every 6 hours QTY: 120.00 is not medically necessary and appropriate.**

2) Regarding the request for Topamax 25mg at bedtime increasing to 2 tablets as tolerated QTY: 60.00:

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 Chronic Pain Medical Treatment Guidelines, pg. 16-22, which is a part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines Anti-Epilepsy Drugs (AEDs) pg.17, which is a part of the MTUS.

Rationale for the Decision:

A review of the records provided indicates there is documentation in the medical records from the provider that is unclear as to why multiple UR determinations have non-certified topiramate. The most recent UR determination noted the documentation does not affirm medical necessity.

MTUS states "The continued use of AEDs depends on improved outcomes". MTUS offers 30% and 50% improvement as indicators of moderate and good responses respectively. Medical necessity per MTUS requirements would require documentation of the percentage of response to this medication. **The request for Topamax 25mg at bedtime increasing to 2 tablets as tolerated QTY: 60.00 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

/pr

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.