

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/12/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/30/2013
Date of Injury:	2/4/2012
IMR Application Received:	8/5/2013
MAXIMUS Case Number:	CM13-0006724

- 1) MAXIMUS Federal Services, Inc. has determined the request for **ninety tablets of Norco 10/325mg** is not medically necessary and appropriate.

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/5/2013 disputing the Utilization Review Denial dated 7/30/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/23/2013. 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 **ninety tablets of Norco 10/325mg 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.

Expert Reviewer Case Summary:

The patient is a 64-year-old who sustained a work-related injury while lifting dishes in February 2012. The employee's injury involved the lumbar region along with radiculopathy as well as shoulder impingement syndrome and a probable hernia. The patient had hernia surgery in June 2, 2012. It much later imaging results of the left shoulder in January 2013 showed full thickness tear of the anterior edge of the supraspinatus tendon. An MRI performed January 2012 the lumbar spine showed degenerative changes.

The recent progress note from July 3, 2013 with the orthopedic surgeon indicated paraspinal muscle tenderness in the lumbar region. The employee had a positive light gray sign on the right side. Urine specimen was taken to monitor medication use. The diagnosis of L5 S-1 radiculopathy as well as sleep disorder, shoulder impingement syndrome and probable hernia were documented. There was a recommendation to get a sleep study, CT of the abdomen due to ascites and pedal edema as well as diuresis. Norco was prescribed for breakthrough pain.

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 ninety tablets of Norco 10/325mg:

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, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Opioids, pages 75, 77, 80, which is part of the MTUS.

Rationale for the Decision:

The Chronic Pain Guidelines indicate that opioids can provide short-term pain relief for back pain, and they may be used for neuropathic pain that has not responded to first-line medication such as antidepressants and anticonvulsants. The medical records provided for review do not indicate that this is the first time the employee has used opioids. In addition, the medical records do not indicate that the employee has tried antidepressants or an anticonvulsant. **The request for ninety tablets of Norco 10/325mg 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.