
Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/27/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 8/2/2013
Date of Injury: 3/20/1987
IMR Application Received: 8/6/2013
MAXIMUS Case Number: CM13-0007975

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation 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 physician 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 disputed items/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The noted date of injury in this case is 03/20/1987. The current treating diagnoses include lumbar radiculopathy and low back pain. The patient is noted to have history of a cervical fusion and also a left hemilaminotomy at L3-L4. The treating physician notes indicate that the patient has reported ongoing neck pain and low back pain radiating down both arms into the left leg. The patient reported that her medication was working well with no side effects. A second opinion surgical consultation was requested regarding the patient's worsening quality of life. The patient was taking Norco 1-2 per day with a plan to taper from 4 times per day down to 2 times per day.

IMR DECISION(S) AND RATIONALE(S)

The Final Determination was based on decisions for the disputed items/services set forth below:

1. Norco 10/325mg #60 is not medically necessary and appropriate.

The Claims Administrator based its decision on the ACOEM Guidelines, Low Back Chapter, Table 2, Summary of recommendations, which is part of the MTUS and Goodman and Gillman's, The Pharmacological Basis of Therapeutics, 11th ed. McGraw Hill, 2006, Physician's Desk Reference, 65th ed., www.RxList.com, The ODG Workers Compensation Drug Formulary, www.odg-two.com/lodgtwclformulary.htm, Epocrates Online, www.online.epocrates.com, Monthly Prescribing Reference, www.empr.com, Opioid Dose Calculator- AMD Agency Medical Directors' Group Dose Calculator, which are not part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines Section on Opioids-On-going management, page 78, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The CA MTUS Chronic Pain Medical Treatment Guidelines, Section on Opioids/Ongoing use recommends "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." The medical records contain very limited information regarding the functional benefit of this patient's ongoing treatment even though this injury is quite chronic and dating back multiple decades. Overall, the medical records do not establish monitoring of the 4 domains of opioids use or other functional benefit to support indication for continued use of Norco. This request is not medically necessary.

2. Salonpas patch #30 is not medically necessary and appropriate.

The Claims Administrator based its decision on the ACOEM Guidelines, Low Back Chapter, Table 2, Summary of recommendations, which is part of the MTUS and Goodman and Gillman's, The Pharmacological Basis of Therapeutics, 11th ed. McGraw Hill, 2006, Physician's Desk Reference, 65th ed., www.RxList.com, The ODG Workers Compensation Drug Formulary, www.odg-two.com/lodgtwclformulary.htm, Epocrates Online, www.online.epocrates.com, Monthly Prescribing Reference, www.empr.com, Opioid Dose Calculator- AMD Agency Medical Directors' Group Dose Calculator, which are not part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines Section on Topical Analgesics, pages 111-113, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The Chronic Pain Medical Treatment Guidelines Section on Topical Analgesics state, "The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required." The medical records do not provide a rationale at this time consistent with these guidelines to support an indication for ongoing use of this patch. Therefore, this request is not medically necessary.

3. Soma 350mg #60 is not medically necessary and appropriate.

The Claims Administrator based its decision on the ACOEM Guidelines, Low Back Chapter, Table 2, Summary of recommendations, which is part of the MTUS and Goodman and Gillman's, The Pharmacological Basis of Therapeutics, 11th ed. McGraw Hill, 2006, Physician's Desk Reference, 65th ed., www.RxList.com, The ODG Workers Compensation Drug Formulary, www.odg-two.com/lodgtwclformulary.htm, Epocrates Online, www.online.epocrates.com, Monthly Prescribing Reference, www.empr.com, Opioid Dose Calculator- AMD Agency Medical Directors' Group Dose Calculator, which are not part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines Section on Carisoprodol (Soma), page 29, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The Chronic Pain Medical Treatment Guidelines Section on Carisoprodol (Soma) state, "Not recommended. This medication is not indicated for long-term use...Carisoprodol abuse has also been noted to augment or alter effects of other drugs." The medical records do not provide an

alternative rationale to support this medication contrary to the recommendation of the guidelines that this medication not be used on chronic basis. This request is not medically necessary.

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.

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