MAXIMUS FEDERAL SERVICES, INC.
Independent Medical Review
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MAXIMUS Federal Services

Notice of Independent Medical Review Determination

Dated: 11/26/2013

Employee:	
Claim Number:	
Date of UR Decision:	7/30/2013
Date of Injury:	9/26/2003
IMR Application Received:	8/12/2013
MAXIMUS Case Number:	CM13-0009622

1) MAXIMUS Federal Services, Inc. has determined the request for **1 prescription of Norco 10/325mg, #120 is not medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the request for **1 prescription of Gabapentin 60mg, #90 is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/12/2013 disputing the Utilization Review Denial dated 7/30/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/17/2013. 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 **1 prescription of Norco 10/325mg, #120 is not medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the request for **1 prescription of Gabapentin 60mg, #90 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 Occupational 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:
The patient is a 68-year-old represented former [redacted] laborer who has filed a claim for chronic low back pain and chronic shoulder pain reportedly associated with an industrial injury. Thus far, the patient has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; prior right shoulder arthroscopy and rotator cuff repair surgery; unspecified amounts of physical therapy; and the apparent imposition of permanent work restrictions which have resulted in the applicant's failing to return to work as a laborer.

In a utilization review report of July 30, 2013, the claims administrator certified a prescription for ibuprofen, certified a prescription for Cymbalta, non-certified a prescription for Norco, non-certified a prescription for gabapentin, and certified a prescription for Prilosec. The patient's attorney appealed on August 8, 2013.

An earlier clinical progress note of September 11, 2013, is notable for ongoing complaints of back and shoulder pain. It is stated that the patient is seemingly disabled and has failed to return to work. The patient has again issued prescriptions for Cymbalta, Neurontin, Motrin, and Norco. It is stated that there is no change in the prescription. The patient's low back pain is rated as 8-9/10.

An earlier form letter of the attending provider of August 22, 2013, which has been blurred as a result of repetitive photocopying, suggests that gabapentin, an anticonvulsant, is being employed for neuropathic 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 Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) **Regarding the request for 1 prescription of Norco 10/325mg, #120:**

   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 are part of the MTUS.

   The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), page 80, which is part of the MTUs.

   Rationale for the Decision:
   There is no evidence that the employee meets criteria set forth in the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioids. Namely, there is no evidence that the employee has returned to work. There is likewise no evidence of improved function and/or reduced pain effected through prior usage of Norco. As suggested above, some of the documentation is highly templated and fails to establish the presence of improved function and/or reduced pain effected through usage of Norco. The fact that the employee remains off work and continues to report an 8-9/10 pain implies that Norco is not effective here. **The request for 1 prescription of Norco 10/325mg, #120 is not medically necessary or appropriate.**

2) **Regarding the request for 1 prescription of Gabapentin 60mg, #90:**

   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, Gabapentin, which is part of the MTUS.

   The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), page 19, which is part of the MTUS.

Rationale for the Decision:
The MTUS Chronic Pain Medical Treatment Guidelines recommends a trial of gabapentin for three to eight weeks, then one to two weeks of maximum tolerated dosage. In this case, the employee has used gabapentin chronically, for a duration well in excess of the MTUS-endorsed trial. There is no evidence of functional improvement as defined in MTUS 9792.20(f) effected through prior usage of gabapentin. Rather, the fact that the employee remains off work and continues to use numerous analgesic and adjuvant medications implies a lack of functional improvement as defined in Section 9792.20(f). **The request for 1 prescription of Gabapentin 60mg, #90 is not medically necessary or 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.