

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

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

MAXIMUS  
Federal Services



---

**Notice of Independent Medical Review Determination**

Dated: 11/18/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/1/2013
Date of Injury:	7/1/1997
IMR Application Received:	8/12/2013
MAXIMUS Case Number:	CM13-0010079

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Lortab 10/500mg #120 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 8/1/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/19/2013. 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 **Lortab 10/500mg #120** 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:**

All medical, insurance, and administrative records provided were reviewed in their entirety.

The applicant is a represented former [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 1, 1997.

Thus far, applicant has been treated with the following: Analgesic medications; unspecified number of lumbar epidural steroid injections; nutritional supplement; unspecified amounts of chiropractic manipulative therapy; unspecified amounts of acupuncture; and the apparent imposition of permanent work restrictions. It does not appear that the applicant has returned to work with said limitations in place.

In a utilization report of August 2, 2013, the claims administrator denied a request for Lortab #120. The MTUS Chronic Pain Medical Treatment Guidelines were cited.

In a July 26, 2013, progress note it is stated that the applicant has unchanged. Applicant's pain is managed with medications without side effects. The applicant does exhibit limited lumbar range of motion with 5/5 lower extremity strength. Recommendations are made for the applicant to continue the same medications including Lortab. It did suggest that the applicant's activities are limited and that there is no change as compared to the prior visit.

**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 Lortab 10/500mg #120:****The Medical Treatment Guidelines 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, When to Continue Opioids, page 80, which is part of the MTUS.

**Rationale for the Decision:**

The criteria set forth on page 80 of the MTUS Chronic Pain Guidelines for continuation of opioid therapy include evidence of successful return to work, improved function, and/or reduced pain effected through ongoing use of opioids. The records submitted for review indicates that the employee does not seemingly meet any of the aforementioned criteria for continuation of opioids. There is no clear evidence of improved functioning and/or reduced pain effected through prior use of opioids. The employee does not appear to have returned to work. It is stated on the most recent office visit in question that the employee is unchanged and that the activities of daily living are limited. Thus, on balance, the criteria for continuation of Lortab have not seemingly been met, in this context.

**The request for Lortab 10/500mg #120 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

/bh

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.