

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: **11/25/2013**

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/24/2013
Date of Injury:	1/30/2010
IMR Application Received:	8/12/2013
MAXIMUS Case Number:	CM13-0010096

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Hydrocodone-Acetaminophen 5-325mg #20 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 7/24/2013. 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 **Hydrocodone-Acetaminophen 5-325mg #20** 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 Neurology, has a subspecialty in headache 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 was injured on 1/30/2010, in an altercation with a suspect. He has had diagnoses of migraine, neck sprain, and muscle spasm. Pain is described as beginning at the skull base, traveling to the temporal area and behind the eye, with nausea and photophobia. He is prescribed propranolol, Cymbalta, tizanadine, Axert, and Imitrex, and has been prescribed hydrocodone/acetaminophen 5/325 with denial of the latter.

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-Acetaminophen 5-325mg #20:

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, California Narcotics, which is part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Hydrocodone, page 91, which is part of MTUS and The 2012 AHS/AAN Guidelines for Prevention of Episodic Migraine: A Summary and

Rationale for the Decision:

Hydrocodone is indicated for moderate to moderately severe pain. Note: there are no FDA-approved hydrocodone products for pain unless formulated as a combination. Opioid hyperalgesia - Recommend screening and treatment as indicated below. Definition: Patients who receive opiate therapy sometimes develop unexpected changes in their response to opioids. This may include the development of abnormal pain (hyperalgesia), a change in pain pattern, or persistence in pain at higher levels than expected. The medical records submitted for review indicate that this employee has a history of migraines, for which opioids are generally discouraged, due to risk of headache escalation, and opioid hyperalgesia. The records show that the employee has received Axert, sumatriptan and propranolol, potentially for migraine prevention, and there is no documentation regarding headache frequency or response to the current therapy. Hydrocodone is not warranted based on submitted records. The Headache Practice Guidelines indicate that patients should keep a headache diary, and if current preventive treatment is not effective, then the patient should be switched to an alternative medication, such as topiramate or divalproex. **The request for Hydrocodone-Acetaminophen 5-325mg #20 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.