

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/6/2013

[REDACTED]

[REDACTED]

Employee:

[REDACTED]

[REDACTED]

Date of UR Decision:

8/1/2013

Date of Injury:

9/16/2010

IMR Application Received:

8/14/2013

MAXIMUS Case Number:

CM13-0010812

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Norco 5/325mg, twice a day, #60 is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/14/2013 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 **Norco 5/325mg, twice a day, #60** 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 Orthopedic Surgery, 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:

This is a 29 year old male installer who was moving heavy boxes of tile on 09/16/10 and injured his right shoulder. Initial diagnoses included pain in shoulder joint, right shoulder sprain/ strain. Right shoulder surgery was performed on 02/25/11 for labral repair followed by post-operative physical therapy. Additional diagnoses included adjustment disorder with mixed anxiety and depressed mood. The claimant's past medical history included Crohn's disease

Physician records of 2012 noted the claimant with right shoulder pain. Diagnoses included frozen right shoulder. Depression was also reported. Conservative treatment measures included extensive physical therapy and work restrictions. A request for acupuncture was denied. Mediations included Soma, Tramadol and ibuprofen. In October 2012, the claimant was advised to discontinue Tramadol and Norco was prescribed. Norco was denied on peer review 10/29/12 and 12/05/12 as there was limited information in terms of clinical rationale for initiating opioid treatment or specific functional goals set.

Physician records of 2013 revealed the claimant with continued chronic right shoulder pain especially after increased activity associated with occasional popping and catching. Difficulty with activities of daily living was noted. Diagnoses included statu post right shoulder labral debridement with persistent pain. An exacerbation of Crohn's disease was treated. The claimant continued to treat conservatively with physical therapy, acupuncture, work restrictions and Norco was prescribed. A right shoulder MRI performed on 02/28/13 showed non –distention of the joint space by contrast material and acromioclavicular osteoarthritis. Examination findings revealed the right shoulder with good motion. X-ray showed joint space intact and no evidence of arthritis or calcification. The record also noted the claimant with a previous history of excessive use of multiple substances for which he underwent an inpatient treatment program and was now in sustained remission.

A request for Norco was modified on a 05/15/13 peer review due to limited information regarding functional benefit. The request for Norco was previously denied on peer review on 07/31/13 as the available reports did not address the efficacy or monitoring for the opioid and no documentation of functional improvement with use of the medication.

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 Norco 5/325mg, twice a day, #60:

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 California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic Pain, pages 74-82, Opioids.

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

Rationale for the Decision:

MTUS Chronic Pain guidelines recommend opioids “ as an effective method of controlling chronic pain” however, the guidelines go on to recommend “ongoing management : Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's". In this case, the physician records noted the employee with persistent and chronic right shoulder pain despite conservative measures that included medication, extensive physical therapy, acupuncture and work restrictions. However, the documentation in the medical records is vague regarding the monitoring of these outcomes as it related to the Norco prescribed. **The request for Norco 5/325mg, twice a day, #60 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

/hs

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.