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

Notice of Independent Medical Review Determination

Dated: **12/5/2013**

Employee:	
Claim Number:	
Date of UR Decision:	8/6/2013
Date of Injury:	6/2/2011
IMR Application Received:	8/14/2013
MAXIMUS Case Number:	CM13-0011323

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

2) MAXIMUS Federal Services, Inc. has determined the request for **Naproxen 500mg #60 is not medically necessary and appropriate.**

3) MAXIMUS Federal Services, Inc. has determined the request for **Ultram 50mg 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 8/6/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/20/2013. 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 10/325mg is not medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the request for **Naproxen 500mg #60 is not medically necessary and appropriate.**

3) MAXIMUS Federal Services, Inc. has determined the request for **Ultram 50mg 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 41year old tree trimmer who was injured on June 2, 2011 when he fell and his right foot became entangled in a safety line. Diagnoses included a right comminuted tibial condyle and tibial plateau fracture with subsequent open reduction and internal fixation (ORIF) with bone graft on June 2, 2011. Additional diagnoses included cervical sprain/strain, lumbar sprain/strain, right knee medial/ lateral meniscus tears, left knee sprain/strain, right ankle sprain/strain. Also diagnosed were depression/anxiety due to prolonged pain and inactivity and loss of work. Most current diagnoses included cervical spine sprain, lumbar spine sprain, left knee chondromalacia and right knee internal derangement. The claimant underwent a right knee arthroscopy with lateral and medial meniscectomy and chondroplasty medial and patellofemoral on February 14, 2013. Additional diagnoses at this time included posttraumatic osteoarthritis of the right knee. Conservative treatment measures included medications to include Tramadol and Norco, physical therapy/home exercise, use of TENS unit and off work status. A right knee arthroscopy with chondroplasty was performed June 2, 2012 with subsequent hardware removal. A Functional Restoration Program was approved in November 2012.

The claimant continued to be followed for axial neck pain, low back pain and bilateral knee pain along with insomnia. Physician records of 2013 revealed the claimant continued with complaints of right knee pain, neck pain, low back pain, left knee and right ankle pain along with depression/ anxiety. Physical examination findings documented right knee tenderness in the medial and lateral patellofemoral joint,

patellofemoral crepitus and LCL laxity. The claimant walked with a limp. There was left knee tenderness at the lateral/ medial patellofemoral joint. There was decreased cervical and lumbar range of motion. There was right knee pain and tenderness with associated swelling. Right knee x-rays showed moderate posttraumatic osteoarthritis. The claimant was noted to be taking Norco, Ultram and Naprosyn. The claimant underwent physical therapy, performed home exercise and remained off work. Random urine drug screening was performed. An MRI from July 1, 2013 of the right knee showed an old healed fracture tibial plateau with mild post-traumatic osteoarthritis, mild patellar overhang with intense edema of the Hoffa's fat pad, mild patellar tendinosis, underlying subchondral bone marrow edema and no evidence of meniscus or ligament tear. An August 21, 2013 physician record noted recommendations to the claimant to wean from narcotics.

Requests for Norco and Prilosec were previously approved in 2012 and on May 21, 2013 and July 10, 2013. Ultram was approved on June 20, 2013 and July 10, 2013 and drug screens were approved in 2013. The request for Norco was then denied on August 6, 2013. The request for Naproxen was modified. The request for Ultram was non–certified. Norco and Ultram were denied on September 24, 2013 and naproxen was modified.

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 and Employee Representative
- Medical Treatment Utilization Schedule (MTUS)

1) **Regarding the request for Norco 10/325mg:**

<u>Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision</u>
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, Criteria for use of Opioids, pages 76-77, which are a part of MTUS.

<u>Rationale for the Decision:</u>
The guidelines document the use of ongoing opioid medication in patients who have ongoing subjective complaints and are monitored for analgesia effects of the medicine, ability to increase their activities of daily living, adverse side effects, and aberrant drug seeking behaviors. None of the medical records provided for review describe any of those issues, and while those records may exist, they were not provided for this review. The reason they use chronic narcotic pain medication and other medication is to assist a patient to get back to

a more normal level of life and other activities and to help with activities of daily living. Just taking medication for its own sake is not an appropriate use of medication. Since there is no documentation as to how the medication has been provided in the past and has helped the employee's condition or allowed the employee to resume a more normal level of function, then there is no ongoing medical necessity for the use of further medication at this time. **The request for Norco 10/325mg is not medically necessary and appropriate.**

2) **Regarding the request for Naproxen 500mg #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 Chronic Pain Medical Treatment Guidelines, NSAIDs, which is a part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pages 67-73, which are a part of MTUS.

Rationale for the Decision:
The guidelines indicate that NSAIDS are used as a first line treatment for osteoarthritis and also note that long-term use may not be warranted. Ongoing use of medications requires documented support in terms of functional improvements, efficacy of the medication for pain complaints, and indication that there are not adverse side effects or contraindications. Since there is no documentation in the records provided for review as how the medication the employee has been provided in the past has helped improve the level of function, then there is no ongoing medical necessity for the use of further medication at this time. **The request for Naproxen 500mg #60 is not medically necessary and appropriate.**

3) **Regarding the request for Ultram 50mg:**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision
The Claims Administrator did not cite any evidence based criteria for its decision.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pages 76-77, which are a part of MTUS.

Rationale for the Decision:
Chronic Pain Medical Treatment Guidelines document the use of ongoing medication in patients who have ongoing subjective complaints and are monitored for analgesia effects of the medicine, ability to increase their activities of daily living, adverse side effects, and aberrant drug seeking behaviors. None of the medical records provided for review describe any of those issues, and while those records may exist, they were not provided for this reviewer to look at as part of this review. The reason they use chronic narcotic pain medication and other medication is to assist a patient to get back to a more normal level of life and other activities and to help with activities of daily living. Just taking

medication for its own sake is not an appropriate use of medication. Since there is no documentation as how the medication has been provided in the past has helped the employee's condition or allowed the employee to resume a more normal level of function, then there is no ongoing medical necessity for the use of further medication at this time. **The request for Ultram 50mg 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

/dso

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.