

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/13/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/5/2013
Date of Injury:	7/21/2009
IMR Application Received:	8/16/2013
MAXIMUS Case Number:	CM13-0012502

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Norco 10/325 mg #60 is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/16/2013 disputing the Utilization Review Denial dated 8/5/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/26/2013. 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 10/325 mg #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 Internal 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 55 year old male with a date of injury of July 21, 2009. The mechanism of injury was not provided for review. The patient has a diagnosis of low back pain. Relative findings include decreased lumbar range of motion with flexion retracted to 55 degrees, extension to 10 degrees, bilateral lateral bending to 15 degrees and bilateral rotation to 30 degrees. There is palpable paravertebral muscle tenderness and tight muscle bands noted on both sides. Straight leg raising was negative and motor strength of the lower extremities was 5/5 with intact sensation. The treating provider has requested Norco 10/325 # 60 and MS Contin 60mg #90

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 Treatment Utilization Schedule (MTUS)
- Medical Records from Claims Administrator

1) Regarding the request for Norco 10/325 mg #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, which are a part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pages 91-97, which are a part of the MTUS.

Rationale for the Decision:

The documentation indicates the enrollee has been treated with opioid therapy with MS Contin and Norco for breakthrough pain. Per California MTUS Guidelines, MS Contin is a long-acting very potent analgesic that is usually combined with acetaminophen or aspirin. Short-acting opioids such as Norco are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. The treatment of chronic pain with any opioid agent requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, last reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, and the duration of pain relief. Per the medical records provided for review, there has been no documentation of the medication's pain relief effectiveness and no clear documentation that the employee has responded to ongoing opioid therapy. According to the California MTUS Guidelines, certain criteria must be met including an ongoing review and documentation of pain relief and functional status. This does not appear to have occurred in this case. The employee has continued pain despite the use of long and short acting opioid medications. The medical necessity for Norco 10/325 has not been established. **The request for Norco 10/325 mg #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

/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.