

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

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



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**Independent Medical Review Final Determination Letter**

[REDACTED]  
[REDACTED]  
[REDACTED]

Dated: 12/23/2013

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 8/15/2013  
Date of Injury: 11/3/2006  
IMR Application Received: 8/19/2013  
MAXIMUS Case Number: CM13-0013572

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations, [REDACTED]

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Cardiovascular Disease and is licensed to practice in Texas. 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 physician 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 disputed items/services.

### DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

### CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 47-year-old male who reported an injury on 11/03/2006. The documentation submitted for review indicates that the patient was walking fast at which time the patient's hip gave out on him and he fell. Notes indicate that the patient sustained injuries to right hip and low back. Notes indicate that the patient has prior surgical history of a right hip arthroscopic extensive debridement of the labrum on 12/10/2008 and lumbar medial branch blocks as well as radiofrequency ablation procedures. Evaluation of the patient was most recently carried out in the notes on 08/02/2013 whereupon the patient was seen for evaluation regarding his right hip. The patient reported hip pain, constant and verbalized as 6/10 VAS. The patient denied numbness and tingling and indicated he was also having spasms in the low back. The patient indicated managing full time work with the help of Norco to control his pain and the patient indicated experiencing not much of the side effects from Norco that would affect his work. Objective findings noted mild tenderness to the low back upon palpation and also tenderness in the greater trochanter area upon palpation on the right.

### IMR DECISION(S) AND RATIONALE(S)

The Final Determination was based on decisions for the disputed items/services set forth below:

**1. The request for Norco 10/325mg, #120 is not medically necessary and appropriate.**

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, (2009), pg. 78 and 91, which is part of the MTUS .

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Opioids Specific and Monitoring of Opioids, pgs.78, and 91, which is part of the MTUS.

The Physician Reviewer's decision rationale:

CA MTUS states Norco is indicated for moderate to moderately severe pain.

Also, 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" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. (Passik, 2000). There is a lack of documentation submitted for review indicating objective analgesia of the medication, notes indicating that the patient does experience some of the side effects of Norco which would affect his work, and there is a lack of documentation indicating that adverse side effects and aberrant drug taking behaviors have been addressed with the patient. Given the above, the request for Norco 10/325 mg #120 is not medically necessary and appropriate.

**2. The retrospective request for Naproxen 550mg, #60 DOS: 8/2/2013, is not medically necessary and appropriate.**

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), pgs. 66 and 73, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Anti-inflammatories, pg 22, which is part of the MTUS.

The Physician Reviewer's decision rationale:

CA MTUS states that Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. The documentation submitted for review details a request in the treatment plans for administration of naproxen 550mg. The documentation submitted for review indicated the patient had tenderness to the low back on palpation and also had tenderness in the greater trochanteric area on the right. While the guidelines support the use of naproxen as an anti-inflammatory and a traditional first line of treatment, there is a lack of documentation submitted for review indicating that on the date of 08/02/2013 that the patient was experiencing inflammation which would support the recommendation for the use of naproxen. Also, there is a lack of documentation indicating that the patient has osteoarthritis which would be the primary reason for the administration of naproxen. Given the above, the retrospective 08/02/2013 request for naproxen 550 mg #60 is not medically necessary and appropriate.

**3. The retrospective request for Flexeril 7.5mg, #60, DOS: 8/2/2013 is not medically necessary and appropriate.**

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, pgs. 41 and 64, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines Muscle Relaxants and 41-42, which is part of the MTUS.

The Physician Reviewer's decision rationale:

CA MTUS states Cyclobenzaprine is recommended as an option, using a short course of therapy. The documentation submitted for review indicates that the patient was prescribed Flexeril since at 04/02/2013. Furthermore, documentation submitted for review indicates the patient had

complaints of spasm to the low back; however, on physical exam there is no indication of spasms. Given the guideline recommendation for a short course of therapy with Flexeril, the request for retrospective 08/02/2013 for Flexeril 7.5 mg #60 is not medically necessary and appropriate.

**4. The request for Naproxen 550mg, #60 is not medically necessary and appropriate.**

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), pgs. 66 and 73, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines Anti-inflammatories and 22, which is part of the MTUS.

The Physician Reviewer's decision rationale:

CA MTUS states that Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. There is a lack of documentation submitted for review since 08/02/2013 which details current inflammation for which naproxen would be recommended. There is no more recent comprehensive evaluation of the patient in the interval since 08/02/2013 which would support the recommendation for continued prescription of naproxen. Given the above, naproxen 500 mg #60 is not medically necessary and appropriate.

**5. The request for Flexeril 7.5mg, #60 is not medically necessary and appropriate.**

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, pgs. 41 and 64, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines Muscle Relaxants and 41-42, which is part of the MTUS.

The Physician Reviewer's decision rationale:

CA MTUS states Cyclobenzaprine is recommended as an option, using a short course of therapy. The documentation submitted for review fails to detail a current comprehensive evaluation of the patient to support the recommendation for Flexeril. There is a lack of documentation submitted for review in the interim since 08/02/2013 to detail continued muscle spasms for the patient to warrant cyclobenzaprine. Furthermore, given the guideline recommendation for a short course of therapy with cyclobenzaprine and as it is noted the patient has been prescribed Flexeril since at least 04/02/2013; further prescription of this medication is not supported. Given the above, the request for Flexeril 7.5 mg #60 is not medically necessary and appropriate.

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.

[REDACTED]

CM13-0013572