

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/5/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/14/2013
Date of Injury:	12/16/2003
IMR Application Received:	8/26/2013
MAXIMUS Case Number:	CM13-0016705

- 1) MAXIMUS Federal Services, Inc. has determined the retrospective request for **Metoprolol Succ ER 100mg dispensed on 11/30/12 is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/26/2013 disputing the Utilization Review Denial dated 8/14/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/11/2013. 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 retrospective request for **Metoprolol Succ ER 100mg dispensed on 11/30/12 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, has a subspecialty in Rheumatology 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 41 year old male with date of injury 12/16/03. The available medical records reveal a prior right hip resurfacing procedure performed for chronic right hip pain after the date of injury. The requesting provider's medical reports dated 09/2012 through 8/7/13 stated that the patient complained of right hip and right leg pain. Objective: documented antalgic gait, decreased motor strength of the right lower extremity and tenderness to palpation of the right hip and groin. Diagnosis: chronic right hip pain, complex regional pain syndrome of the right hip. Treatment plan and request: methadone, Lidoderm patches, Cymbalta, klonipin, lyrica, metoprolol ER.

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 retrospective request for Metoprolol Succ ER 100mg dispensed on 11/30/12:**

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 Drugs.com regarding Metoprolol, which is not part of the MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on mdconsult.web: metoprolol, which is not part of the MTUS.

Rationale for the Decision:

The employee has reported chronic right hip and right leg pain, and has been diagnosed with chronic right hip pain and complex regional pain syndrome of the right hip. No treating physician reports address the specific indication for the use of metoprolol ER in this employee. MTUS guidelines and ODG do not address the use of Metoprolol in the treatment of chronic pain or complex regional pain syndrome. Metoprolol is indicated in the treatment of cardiovascular conditions which have not been adequately described in the treating physician reports. **The request for Metoprolol Succ ER 100mg dispensed on 11/30/12 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.