

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/4/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/8/2013
Date of Injury:	5/13/2008
IMR Application Received:	8/27/2013
MAXIMUS Case Number:	CM13-0017581

- 1) MAXIMUS Federal Services, Inc. has determined the request for Norco 10/325 tid #90 is not medically necessary and appropriate.

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/27/2013 disputing the Utilization Review Denial dated 8/8/2013. 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 request for Norco 10/325 tid #90 **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

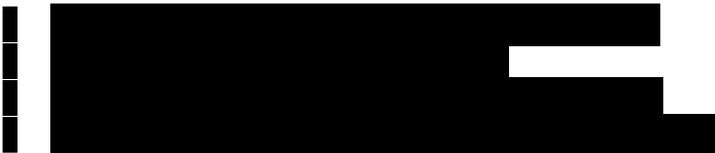
The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice, has a subspecialty in ABPM and is licensed to practice in California. He/she has been in active clinical 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 claimant suffered an injury on 5/13/2008 and sustained chronic back pain. She underwent lumbar decompression and laminectomy in 2009. She has had epidural injections for radicular pain. A progress note on 9/25/2013 stated that her pain was 1-2/10 and was able to walk a mile. Her medications included Norco, Prilosec, Cymbalta and Lisinopril. She does have leg pain at night for which Flexeril was given. The same treatment plan has been provided monthly for the past year to progress notes dating back to July 31, 2012. The pain scales have ranged from 4 to 8/10 depending on activity.

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:



1) Regarding the request for Norco 10/325 tid #90:

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the CA MTUS Medications for Chronic Pain-Opioids.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), Opioids, pps. 75-86, which are part of the MTUS.

Rationale for the Decision:

Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines are not indicated at first line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial bases for short-term use. Long Term-use has not been supported by any trials. In this case, the employee has been on Norco for a year with no significant changes in pharmacology management (i.e. trial of long acting opioids, acetaminophen, NSAIDS, etc) . The continued use of Norco is not medically necessary. **The request for Norco 10/325 tid #90 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

[Redacted]

/cmol

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.