

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:	8/12/2013
Date of Injury:	7/6/2010
IMR Application Received:	8/28/2013
MAXIMUS Case Number:	CM13-0017601

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Hydrocodone-Acetaminophen 10/325mg #30** is not medically necessary and appropriate.

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/28/2013 disputing the Utilization Review Denial dated 8/12/2013. 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 **Hydrocodone-Acetaminophen 10/325mg #30** is not **medically necessary and appropriate**.

Medical Qualifications of the Expert Reviewer:

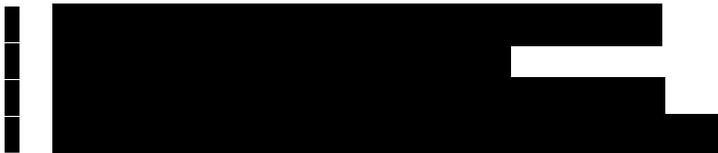
The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, and is licensed to practice in California. He/she has been in active clinical practice for more than 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 has a history of multiple work related injuries dating back to 1984. The date of injury for this case is 7/6/2010. His diagnoses include low back pain, mid back pain, left knee pain, right hip pain and bilateral epicondylitis. Treatment has included medical therapy with nonsteroidal anti-inflammatory medications, opiates, physical therapy, chiropractic treatment, use of a Transcutaneous Electrical Nerve Stimulation (TENS) unit and injection therapy with epidural steroids. He has also undergone left knee arthroplasty, and low back surgery for degenerative disc disease. His treating provider has requested 30 Hydrocodone-Acetaminophen 10/325 for continued medical treatment.

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 Hydrocodone-Acetaminophen 10/325mg #30:**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator did not cite a guideline in its utilization review determination letter.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Opioids for chronic pain, pgs. 80-81, 92, which are part of the MTUS.

Rationale for the Decision:

There is no documentation provided necessitating the continued use of Hydrocodone/APAP 10/325 for the employee's chronic pain condition. The literature indicates that in chronic pain analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs. Opioid therapy for pain control should not exceed a period of two weeks and should be reserved for moderate to severe pain. The failure to respond to a time limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. There is no evidence indicating significant trials of non-opiate medication used for the treatment of chronic pain have been tried prior to the requested continued opiate therapy. In addition toxicology reports have indicated the presence of Tetrahydrocannabinol (THC). There is also no documentation from the provider indicating a specific clinical rationale for the requested medication. The employee would benefit from a multidisciplinary approach to the chronic pain condition. **The request for Hydrocodone-Acetaminophen 10/325mg #30 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:



/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.