

Notice of Independent Medical Review Determination

Dated: 12/9/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 8/14/2013
Date of Injury: 7/30/2010
IMR Application Received: 8/28/2013
MAXIMUS Case Number: CM13-0017837

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Soma 350mg #30 with two refills is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Norco 5/500mg #60 with no refill 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 8/14/2013. 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 request for **Soma 350mg #30 with two refills is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Norco 5/500mg #60 with no refills 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 71 year old male was injured on July 30, 2010. The mechanism of injury is not stated in the available records. An MRI performed of the lumbar spine revealed multilevel degenerative disc disease. An electromyogram of the lower extremities revealed a mild to moderate bilateral S1 radiculopathy. Medical records from the primary provider reviewed from September 2012 to August 2013 stated that the patient complained of chronic low back pain. Treatments until that time had included medications, lumbar epidural corticosteroid injections and physical therapy. No surgeries have been reported in the records.

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 request for Soma 350mg #30 with two refills:

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, page 66, which is a part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), page 65, which is part of the MTUS.

Rationale for the Decision:

The medical records submitted for review show chronic treatment with both opiates and Soma, a muscle relaxant, for the chronic back pain. Per MTUS guidelines, Soma is not recommended for a period greater than 2-3 weeks, which has been exceeded as documented in this employee's medical records, for the treatment of chronic pain. There is no evidence that the treating physician is prescribing Soma according to the MTUS guideline cited above. **The request for Soma 350mg #30 with two refills is not medically necessary and appropriate.**

2) Regarding the request for Norco 5/500mg #60 with no refill:

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, page 91, which is a part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), pages 76-85 and 88-89, which are a part of the MTUS.

Rationale for the Decision:

The medical records provided for review show chronic treatment with both opiates and Soma. There is no documentation in the provider's notes regarding the employee's intensity of pain after opiate use, how long it takes for pain to be relieved after opiate use, any improvement in function compared to baseline after initiation of opiates and no documentation of improvement in quality of life after initiation of opiates. Additionally, there is no documentation of assessment of potential to return to work, signs of abuse or discussion of treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, opioid contract and documentation of a prior failure of non-opioid therapy. **The request for Norco 5/500mg #60 with two refills 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.