
Notice of Independent Medical Review Determination

Dated: 9/18/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/9/2013

2/19/2003

7/15/2013

CM13-0001453

- 1) MAXIMUS Federal Services, Inc. has determined the request for 1 prescription of Norco 10mg #60 **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for 1 prescription of Soma 350mg #60 **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for 1 prescription of Ketoprofen #1 bottle **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for Tramadol #1 bottle **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/15/2013 disputing the Utilization Review Denial dated 7/9/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/17/2013. 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 1 prescription of Norco 10mg #60 **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for 1 prescription of Soma 350mg #60 **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for 1 prescription of Ketoprofen #1 bottle **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for Tramadol #1 bottle **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 Occupational 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.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 9, 2013

“The patient is a 59-year-old female with a date of injury of 2/19/2003. The provider has submitted prospective requests for 1 prescription of Norco 10mg #60, 1 prescription of Soma 350mg #60, 1 prescription of ketoprofen # 1 bottle and 1 prescription of tramadol # 1 bottle.

“A phone call to the requesting provider was attempted at 4:35PM on 7/8/2013 in order to discuss the requested care. The provider was unavailable, therefore a message was left which included the reviewer's contact information and schedule.

“Review of submitted medical records show the patient presented with intermittent back pain with numbness in the left thigh. Physical examination revealed lumbar range of motion to be 85% of normal and the patient neurologically intact. The patient was diagnosed with lumbar spondylosis. Treatment has comprised of pain medications.”

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 for Independent Medical Review (received 7/15/13)
- Utilization Review Determination (dated 7/9/13)
- Chronic Pain Medical Treatment Guidelines (2009), Opioids, specific drug list, Hydrocodone/Acetaminophen, pgs 91-92
- Chronic Pain Medical Treatment Guidelines (2009), Carisoprodol (Soma), pg.29
- Chronic Pain Medical Treatment Guidelines (2009), Ketoprofen, pg. 112
- Chronic Pain Medical Treatment Guidelines (2009), Topical Analgesics, pg. 101
- PR-2 Reports from [REDACTED], MD (dated 9/24/12-6/19/13)
- Toxicology Screening Report from [REDACTED], MD (dated 4/19/13)
- Laboratory Results from [REDACTED] (dated 11/7/12)

1) Regarding the request for 1 prescription of Norco 10mg # 60:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), Hydrocodone/Acetaminophen, pages 91-92, a part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the Chronic Pain Medical Treatment Guidelines (2009), Detoxification, page 42, and When to Continue Opioids, page 80, a part of the Medical Treatment Utilization Schedule (MTUS) applicable and relevant to the issue at dispute.

Rationale for the Decision:

The employee injured the low back and left lower extremity on 2/17/2004. The medical records reviewed indicate that the employee has had X-Rays, MRIs, EMG/Nerve conduction studies, multiple epidural steroid injections, physical therapy, and prescribed pain medications. The most recent record, dated 6/19/2013 indicated that the employee was having intermittent back pain with numbness in the left thigh and a decrease in lumbar range of motion of eighty five percent of normal. A request was submitted for 1 prescription of Norco 10mg # 60, 1 prescription of Soma 350mg #60, 1 prescription of Ketoprofen #1 bottle, and 1 prescription of Tramadol #1 bottle.

The MTUS Chronic Pain Guidelines indicate that Norco is utilized for moderate to moderately severe pain. The guidelines further state that when there is no overall functional improvement, the opioid medication should be discontinued. The submitted and reviewed medical records indicate that the employee has been taking Norco since at least 2004 but there is no evidence of functional improvement. The guidelines do not recommend abrupt discontinuation of

opioids (Norco), as there is concern for withdrawal symptoms and a plan of detoxification should be implemented. The request for Norco 10mg # 60 is medically necessary and appropriate.

2) Regarding the request for 1 prescription of Soma 350mg #60:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), Carisoprodol (Soma), page 29, a part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the MTUS Chronic Pain Guidelines used by the Claims Administrator applicable and relevant to the issue at dispute.

Rationale for the Decision:

The employee injured the low back and left lower extremity on 2/17/2004. The medical records reviewed indicate that the employee has had X-Rays, MRIs, EMG/Nerve conduction studies, multiple epidural steroid injections, physical therapy, and prescribed pain medications. The most recent record, dated 6/19/2013 indicated that the employee was having intermittent back pain with numbness in the left thigh and a decrease in lumbar range of motion of eighty five percent of normal. A request was submitted for 1 prescription of Norco 10mg # 60, 1 prescription of Soma 350mg #60, 1 prescription of Ketoprofen #1 bottle, and 1 prescription of Tramadol #1 bottle.

The MTUS Chronic Pain Guidelines state that Carisoprodol (Soma) is not indicated for long-term use. The submitted and reviewed medical records indicate that the employee has been utilizing Soma for several months without documented functional improvement noted. The request for Soma 350mg # 60 is not medically necessary and appropriate.

3) Regarding the request for 1 prescription of Ketoprofen #1 bottle:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), Topical NSAIDs, Ketoprofen, page 112, a part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the MTUS Chronic Pain guidelines used by the Claims Administrator applicable and relevant to the issue at dispute.

Rationale for the Decision:

The employee injured the low back and left lower extremity on 2/17/2004. The medical records reviewed indicate that the employee has had X-Rays, MRIs, EMG/Nerve conduction studies, multiple epidural steroid injections, physical therapy, and prescribed pain medications. The most recent record, dated 6/19/2013 indicated that the employee was having intermittent back pain with numbness in the left thigh and a decrease in lumbar range of motion of eighty

five percent of normal. A request was submitted for 1 prescription of Norco 10mg # 60, 1 prescription of Soma 350mg #60, 1 prescription of Ketoprofen #1 bottle, and 1 prescription of Tramadol #1 bottle.

The MTUS Chronic Pain guidelines indicate that Ketoprofen is currently not approved by the Federal Drug Administration (FDA) for a topical application. It has an extremely high incidence of photocontact dermatitis. The request for 1 prescription of Ketoprofen # 1 bottle is not medically necessary and appropriate.

4) Regarding the request for a prescription of Tramadol #1 bottle:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), Topical analgesics, page 101, a part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the MTUS Chronic Pain guidelines used by the Claims Administrator applicable and relevant to the issue at dispute.

Rationale for the Decision:

The employee injured the low back and left lower extremity on 2/17/2004. The medical records reviewed indicate that the employee has had X-Rays, MRIs, EMG/Nerve conduction studies, multiple epidural steroid injections, physical therapy, and prescribed pain medications. The most recent record, dated 6/19/2013 indicated that the employee was having intermittent back pain with numbness in the left thigh and a decrease in lumbar range of motion of eighty five percent of normal. A request was submitted for 1 prescription of Norco 10mg # 60, 1 prescription of Soma 350mg #60, 1 prescription of Ketoprofen #1 bottle, and 1 prescription of Tramadol #1 bottle.

The MTUS Chronic Pain guidelines indicate that topical analgesics are largely experimental in nature. This medication is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The submitted medical records failed to document that a trial of antidepressants or anticonvulsants have been attempted and have failed. The request for Tramadol #1 bottle 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;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/bh

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.