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**Notice of Independent Medical Review Determination**

Dated: 10/22/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 7/23/2013  
Date of Injury: 5/28/1999  
IMR Application Received: 7/24/2013  
MAXIMUS Case Number: CM13-0002857

- 1) MAXIMUS Federal Services, Inc. has determined the request for Norco 10/325mg every 4-6 hours as needed to maximum of 6/day, #180 with 1 refill **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Dendracin cream as needed **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/24/2013 disputing the Utilization Review Denial dated 7/23/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/29/2013. 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 10/325mg every 4-6 hours as needed to maximum of 6/day, #180 with 1 refill **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Dendracin cream as needed **is not medically necessary and appropriate.**

### **Medical Qualifications of the Expert Reviewer:**

The 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 Physical Medicine and Rehabilitation 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 23, 2013:

“ [REDACTED] is a 65 year-old female Supervising Court Clerk I who sustained an accepted industrial injury to the low back on 05/28/99 while lifting boxes. She is retired.”

### **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 on 07/24/2013
- Utilization Review Determination from [REDACTED] (dated 07/23/2013)
- Employee medical records from [REDACTED] (dated 08/01/2013)
- Medical Treatment Utilization Schedule (MTUS)

1) **Dendracin cream as needed**

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) pages 111-113, which is part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on 5/28/1999 to the lower back. The medical report of 7/10/2013 documents that the employee continues to suffer from lower back and left leg pain with numbness and tingling, complaints of pain verbalized as 8/10, physical exam showed an abnormal manner of walking, and the motor strength was graded as 5/5 of the legs. The medical records provided for review indicate treatments have included lumbar spine surgery, lumbar epidural steroid injections, oral analgesic medications, and topical analgesic medications. The request is for Dendracin cream as needed.

The Chronic Pain Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine their efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The medical records provided for review indicate that the employee currently receives suboptimal relief from the medications, which also include Dendracin lotion. The request for Dendracin cream as needed **is not medically necessary and appropriate.**

2) **Norco 10/325mg every 4-6 hours as needed to maximum of 6/day, #180 with 1 refill:**

3)

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) pages 80-81, which is part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on 5/28/1999 to the lower back. The medical report of 7/10/2013 documents that the employee continues to suffer from lower back and left leg pain with numbness and tingling, complaints of pain verbalized as 8/10, physical exam showed an abnormal manner of walking, and the motor strength was graded as 5/5 of the legs. The medical records provided for review indicate treatments have included lumbar spine surgery, lumbar epidural steroid injections, oral analgesic medications, and topical analgesic medications. The request is for Norco 10/325mg every 4-6 hours as needed to maximum of 6/day, #180 with 1 refill.

The Chronic Pain Guidelines indicate that Norco is recommended for moderate to moderately severe pain, and that opioids have been suggested for neuropathic pain that has not responded to first line recommendations such as antidepressants or anticonvulsants. The medical records provided for review indicate that the employee is currently prescribed Norco for the treatment of low back and radiating lower extremity pain, and that the employee is currently receiving no effective analgesia from the use of the medication. Furthermore, there is no indication of improvement in activities of daily living as a result of using Norco. The request for Norco 10/325mg every 4-6 hours as needed to maximum of 6/day, #180 with 1 refill **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, 18<sup>th</sup> 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.