
Notice of Independent Medical Review Determination

Dated: 9/20/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/10/2013

8/27/2002

7/24/2013

CM13-0002901

- 1) MAXIMUS Federal Services, Inc. has determined the request for Hydrocodone-Acetaminophen 10/325mg #180 **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Soma 350mg #60 **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 7/10/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/30/2013. 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 #180 **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Soma 350mg #60 **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 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 10, 2013:

“The patient is a 60 year old male with a date of injury of 8/27/2002. This retrospective request is for hydrocodone-acetaminophen 10/325mg #180, MS Contin 30mg #90, docusate sennosides 50/8.6mg #60 and Soma 350mg #60. The patient is noted to have postlaminectomy syndrome, with chronic persistent low back and left lower extremity pain. A progress report dated 6/4/2013 from [REDACTED], MD states the patient's back pain is 4-5/10 with left lower extremity numbness, tingling and pain to the foot. His current medications are MS Contin 30 mg four per day, Norco 10/325 mg four per day, Soma 350 mg three per day, and Senna two per day. The medications help reduce symptoms. He reports minimal benefit with MS Cantin and notes an increase in pain with flare ups during the day and reeds more Norco throughout the day to manage flare ups. Without medications pain is 8/10 and with medications he has improved quality of life and allow him to perform activities of daily living with less pain. Examination findings included: alert and oriented; no acute distress; lumbar motion decreased throughout; tenderness bilateral lumbar paraspinals; decreased left L3, L4, L5 and SI dermatomes to pinprick and light touch; weakness throughout lower extremities due to pain.”

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 7/24/2013)

- Utilization Review from [REDACTED] (dated 7/11/2013)
- Medical records provided by the claims administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for Hydrocodone-Acetaminophen 10/325mg #180:

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) pg. 81 which is part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009) Long-term Opioid use, page 88-89, which is part of MTUS.

Rationale for the Decision:

The employee sustained an injury on August 27, 2002 to the lower back and left leg. The medical records provided for review indicate the diagnoses of chronic pain syndrome, lumbar spondylosis, postlaminectomy syndrome with left extremity neuropathic pain, and degenerative disease of lumbar spine with primarily left-sided radiculopathy. Treatments have included surgical intervention to the lumbar spine, epidural steroid injections, physical therapy, and medication management. The request is for hydrocodone-acetaminophen 10/325 mg #180.

The MTUS Chronic Pain guidelines indicate that satisfactory response to medication prescribed for chronic pain is a decrease in pain, and the guidelines recommend against lowering the dose of the medication if the medication is effective in pain management. The medical records provided for review indicate that the pain without medication is 8/10 and with medications it lowers to 4/10, meeting guideline criteria for providing effective pain management. The request for Hydrocodone-Acetaminophen 10/325 mg #180 **is medically necessary and appropriate.**

2) Regarding the request for Soma 350 mg #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) pg. 29 of 127, which is 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 guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained an injury on August 27, 2002 to the lower back and left leg. The medical records provided for review indicate the diagnoses of chronic pain syndrome, lumbar spondylosis, postlaminectomy syndrome with left extremity neuropathic pain, degenerative disease of lumbar spine with primarily

left-sided radiculopathy. Treatments have included surgical intervention to the lumbar spine, epidural steroid injections, physical therapy, and medication management. The request is for Soma 350 mg #60.

The MTUS Chronic Pain guidelines indicate that Soma/Carisoprodol is not recommended for long-term use, and there are no exceptions provided. The medical records provided document the employee has been on Soma for more than a year. The request for Soma 350 mg #60 **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

/hs

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.