

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 10/29/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/5/2013
Date of Injury:	1/2/2012
IMR Application Received:	7/29/2013
MAXIMUS Case Number:	CM13-0004109

- 1) MAXIMUS Federal Services, Inc. has determined the request for 60 Hydrocodone Bit/Acetaminophen 2.5-325 mg **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/29/2013 disputing the Utilization Review Denial dated 7/5/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/9/2013. 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 60 Hydrocodone Bit/Acetaminophen 2.5-325 mg **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 Family Practice 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 is a 35-year-old female who reported a work-related injury on 01/02/2012 as the result of a strain to the right hand. Subsequently, the patient is status post a right trigger thumb release as of 05/09/2013. The patient had begun postoperative physical therapy interventions. The clinical notes evidence that prior to the surgical intervention performed, the patient was utilizing Norco 10/325 one by mouth every 12 hours as needed for pain. Dr. [REDACTED], the patient's primary treating provider for her injuries, documents in an appeal letter to support the requested medication that the patient presented postoperatively with pain complaints that were characterized as moderate. The provider documented that attempts were made to decrease the patient's utilization of her Norco as she again had been utilizing Norco 10/325 prior to surgical interventions. This was reduced to Norco 2.5/325 mg. The provider documents that the patient also began utilization of an anti-inflammatory medication, Voltaren, in hopes of reducing Norco altogether.

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 60 Hydrocodone Bit/Acetaminophen 2.5-325 mg :
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, Opioids, Hydrocodone/Acetaminophen, Opioids, criteria for use, Waning of Medications, no page cited, part of the MTUS. The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, On-Going Management, page 78, part of the MTUS.

Rationale for the Decision:

Chronic Pain Guidelines state, "4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." A review of the submitted medical records indicate that the employee has been utilizing Hydrocodone since March of 2012, which exceeds the short-term use indications set forth in the Chronic Pain Guidelines. The clinical notes submitted do not give any indication as to why to the employee has been on the Hydrocodone for longer than the recommended time frame, with no documentation to support the medical necessity for continued use of hydrocodone beyond short-term use. In addition, the notes do not provide evidence of overall improvement in function and pain relief. The request for Hydrocodone BIT/Acetaminophen 2.5-325mg # 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

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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.