

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 10/31/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/17/2013
Date of Injury:	12/9/2011
IMR Application Received:	7/29/2013
MAXIMUS Case Number:	CM13-0004145

- 1) MAXIMUS Federal Services, Inc. has determined the request for continued dispensing of Norco 15/325 mg #120 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Bio-therm cream **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 7/17/2013. 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 continued dispensing of Norco 15/325 mg #120 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Bio-therm cream **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 47-year-old female who reported an injury on 12/9/2011 in her right shoulder after hearing a popping sound while driving a forklift. A clinical note dated 5/15/2013 indicated that the patient was seen regarding pain affecting her cervical spine, lumbar spine, right shoulder, right elbow, right wrist and bilateral feet. She was noted to be taking Norco 3 tablets a day and Restoril 1 tablet as needed. She was reported to be using diclofenac Flex Plus gel and Bio-therm topical gel twice daily. On physical exam, she was noted to have tenderness to palpation over the paracervical area with limited range of motion (ROM) in flexion and extension and tenderness over the right trapezius muscle. She was noted to have tenderness over the paravertebral area of the lumbosacral spine with limitations in flexion and extension and muscle guarding on ROM noted. Examination of the right shoulder noted tenderness to palpation over rotator cuff, with limitations of ROM in flexion and abduction. She was reported to have undergone a rotator cuff repair on an unstated date. The patient was referred for physical therapy. On 6/25/2013, the patient showed improvement in right shoulder pain, but slowly, as she had just recently begun physical therapy, and it was helping with her pain and ROM. She noted 2 weeks ago, she had an exacerbation of her low back pain and reported left side pain with occasional radiation to the posterior aspect of the left leg to the knee with associated numbness and tingling. On physical exam, the patient was noted to have tenderness to palpation over the paracervical muscles and right trapezius. Exam of the lumbar spine noted the left paraspinal muscle spasms to palpation with moderate spasms, limited ROM with pain at flexion beyond 22 degrees and lateral rotation beyond 15 degrees to the right. Straight leg raise was positive on the left for back pain only. Deep tendon reflexes were equal and 2+ bilaterally. Right shoulder examination noted anterior and subacromial tenderness to

palpation and ROM limited with abduction of 30 degrees and forward flexion of 75 degrees. On 7/25/2013, the patient continued to complain of right shoulder pain, which was improving with physical therapy, but she still presented with limitations of ROM, especially in forward and backward reaching. She continued to complain of lower back pain which was unchanged from the previous exam. She had been approved to begin physical therapy to the lower back and was noted to continue to do physical therapy to the shoulder. She was reported to utilize Norco, which helped to alleviate her 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
- Utilization Review from Claims Administrator
- Medical records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

**1) Regarding the request for continued dispensing of Norco 15/325 mg #120:**

Section of 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, pages 28-29 and 79-81, which are part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Opioids Section, page 80, which is part of the MTUS.

Rationale for the Decision:

The Chronic Pain guidelines state that in most cases, analgesic treatment should begin with acetaminophen, aspirin and NSAIDs; and when those drugs do not satisfactorily reduce pain, opioids for moderate to severe pain may be added, but a major concern about the use of opioids for chronic pain is that most randomized controlled studies are limited to short-term periods which leads to concern about confounding issues such as tolerance, opioid-induced hyperalgesia, long-range adverse effects such as hypogonadism and/or opioid abuse and the influence of placebo as a variable in treatment. There is also no evidence that opioids showed any long-term benefit or improvement in function when used in treatment for chronic back pain. The records provided for review indicate the employee has been utilizing Norco on a long-term ongoing basis. As there is no documentation of functional improvement for treatment of pain utilizing Norco, the requested continuation of this medication is not consistent with the guidelines. **The request for continued dispensing of Norco 15/325 mg #120 is not medically necessary and appropriate.**

## 2) Regarding the request for Bio-therm cream:

### 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, Topical Capsaicin, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Topical Analgesics Section, pages 112-113, which is part of the MTUS.

### Rationale for the Decision:

The Chronic Pain guidelines state that there are positive randomized studies for the use of capsaicin cream with osteoarthritis, fibromyalgia, and chronic, nonspecific low back pain in patients who have not responded to or who are intolerant to other treatments. The records submitted for review lack documentation that the employee has not responded to or is intolerant to other treatments. Therefore, the requested medication, which contains capsaicin, does not meet guideline recommendations. **The request for Bio-therm cream 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, 18<sup>th</sup> Floor  
Oakland, CA 94612

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