

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/7/2013

[REDACTED]

[REDACTED]

| | |
|---------------------------|--------------|
| Employee: | [REDACTED] |
| Claim Number: | [REDACTED] |
| Date of UR Decision: | 7/8/2013 |
| Date of Injury: | 1/10/2007 |
| IMR Application Received: | 7/29/2013 |
| MAXIMUS Case Number: | CM13-0004206 |

- 1) MAXIMUS Federal Services, Inc. has determined the request for Norco 10/325mg #300 **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/25/2013 disputing the Utilization Review Denial dated 7/9/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/8/2013. 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 #300 **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 41-year-old male who reported a work-related injury on 02/12/2006 to 02/12/2007 due to cumulative trauma. Subsequently, the patient presents for the following diagnoses, lumbar degenerative disc disease with spondylolisthesis, bilateral lower extremity radiculopathy, right greater than left, medication induced gastritis, sleeping difficulties, reactionary depression/anxiety, removal of left kidney, posterior lumbar interbody fusion at the L3 to S1 as of 12/2008, revision with hardware removal 02/2010, failed spinal cord stimulator trial 11/2010, status post PLIF at L3-4, L4-5 and L5-S1 as of 07/2011, status post removal of anterior interbody cages, and repair pseudoarthrosis and interbody fusion at L4-5 and L5-S1 as of 09/2011, and erectile dysfunction. The clinical notes evidence the patient utilizes OxyContin 40 mg 1 to 2 tabs by mouth every day, Norco 10/325 mg 8 tabs daily, Ambien CR 12.5 mg 1 by mouth at bedtime as needed, Prilosec 20 mg twice a day, Neurontin 600 mg 3 to 4 a day, Anaprox 550 mg 1 tab twice a day, and trazodone 100 mg at bedtime as of 12/05/2012. The clinical note dated 05/23/2013 reports the patient was seen under the care of Dr. [REDACTED] for his chronic pain complaints. The provider documents the patient continues to report moderate to severe pain of his cervical spine as well as his lumbar spine. Additionally, the patient reports he continued to experience urine frequency, dribbling and erectile dysfunction. Upon physical exam of the patient's cervical spine, range of motion upon flexion was 35 degrees, extension 30 degrees, left side bending 15 degrees, right side bending 15 degrees, left rotation 60 degrees, right rotation 60 degrees. The provider documented motor strength was within normal limits throughout the bilateral upper and lower extremities. Range of motion of the lumbar spine was noted to be at 30 degrees of flexion, 5 degrees extension, left lateral side bending at 10 degrees right lateral side bending at 10 degrees. There was no sensory deficits of any of the patient's extremities. The provider documented the patient was a surgical candidate for removal of hardware to the lumbar spine on 06/18/2013. The provider documents the patient receives all of his pain medications from Dr. [REDACTED] and was advised to make sure he had pain medication for postoperative 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 of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator & Employee/Employee Representative
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for Norco 10/325mg #300 :
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, page 78,91 which is part of MTUS.

The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

MTUS Guidelines indicate that "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 non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behavior). 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." According to the medical records provided for review, there was no recent clinical documentation within the last year evidencing the employee's reports of efficacy with the current medication regimen as documented by rate of pain on VAS or increase in objective functionality to support continued utilization of this medication at 8 tabs per day. The employee presented with a negative urine drug screen which was inconsistent as the employee medication regimen included oxycodone and Norco as well as Ambien. **The request for Norco 10/325mg #300 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, 18th Floor
Oakland, CA 94612

/mbg

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.