

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/11/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/23/2013
Date of Injury:	8/4/2008
IMR Application Received:	7/29/2013
MAXIMUS Case Number:	CM13-0004238

- 1) MAXIMUS Federal Services, Inc. has determined the retrospective request for **Norco 10/325mg # 90 is 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 7/23/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/5/2013. 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 retrospective request for **Norco 10/325mg # 90 is medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

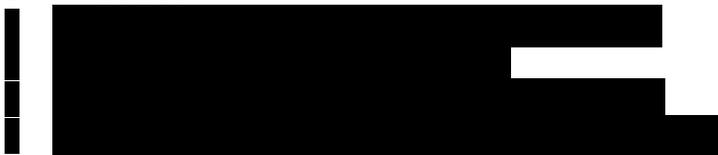
The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than 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:

Patient is a 56-years old male with history of chronic lower back pain, status-post laminectomy syndrome, lumbosacral radiculitis, chronic pain syndrome, muscle spasm, insomnia, impotence of organic origin, long-term medication usage and lumbar spondyloarthritis/facet joint disease. MRI of the lumbar spine performed on 12-23-2011 revealed mild broad-based disc protrusion at L2-3 central and left sided with recess narrowing, mild stenosis at L2-3, desiccation with mild disc bulging and right-sided foraminal encroachment at L4-5, satisfactory appearance of fusion at L5-S1, post contrast studies yielded no additional findings. Patient had multiple sessions of Lumbar epidural steroid injections with some improvement in his pain symptoms. The treating physician recommended Norco 10/325 mg 3 times as needed #90, Celebrex 200mg daily #30., but the Norco 10/325 quantity was reduced from 90 to 45 tablets by Dr Ramon Terraza, the utilization management reviewer.

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:



1) Regarding the retrospective request for Norco 10/325mg # 90:

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 for chronic pain, pg. 80, which is part of the MTUS.

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

Rationale for the Decision:

MTUS Chronic Pain Management Guidelines suggest the following:

- A trial of opioids as a first step in treatment, and the steps involved are outlined in the Criteria for Use of Opioids. The trial includes an initiation phase that involves selection of the opioid and initial dose.
- There is then a titration phase that includes dose adjustment. At this phase it may be determined that opioids are not achieving the desired outcomes, and they should be discontinued.
- The final stage is the maintenance phase. If pain worsens during this phase the differential to evaluate includes disease progression, increased activity, and/or new or increased pre-existing psychosocial factors that influence pain. In addition, the patient may develop hyperalgesia, tolerance, dependence or actual addiction.

A trial of opioids for this employee with chronic back pain is appropriate, with limited quantity of medications, followed by titration of dosage with the aim of discounting the opioid or switching to non-narcotic analgesics as soon as possible, so as to reduce the incidence of drug addiction. However, prescribing 90 tablets of Norco 10/325 three times per day as needed appears to be excessive, and not medically necessary. **The retrospective request for Norco 10/325mg # 90 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

/ldh

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.