

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/15/2013

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/8/2013

1/6/2009

8/1/2013

CM13-0005985

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Naprosyn 500mg #60 (x3 refills) QTY: 4.00 is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Norco 10/325mg #100 (x3 refills) QTY: 4.00 is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Soma 350mg #90 (x3 refills) QTY: 4.00 is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/1/2013 disputing the Utilization Review Denial dated 7/8/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/29/2013. 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 #100 (x3 refills) QTY: 4.00 is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Soma 350mg #90 (x3 refills) QTY: 4.00 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.

Expert Reviewer Case Summary:

The patient is a 48y-male with a date of injury 1/6/2009. The patient's diagnoses include lumbosacral sprain/strain, herniated nucleus pulposus of the lumbar spine, as well as adhesive capsulitis of the right shoulder, inguinal hernia pain, and sleep disorder. The patient is status post right shoulder arthroscopy on 2/14/2012. A progress report dated 6/3/2013 by Dr. [REDACTED] noted that the patient complained of 8/10 neck pain radiating to the right shoulder and low back pain radiating down the legs, mainly on the right. It was noted that the patient had spasms and cramping in the low back. The progress report dated 7/15/2013 indicated that the patient continued to rate his pain at 8/10. No documentation was provided regarding the patient's response to medication.

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 Norco 10/325mg #100 (x3 refills) QTY: 4.00:

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, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Opioids, pages 88-89, which are part of the MTUS.

Rationale for the Decision:

The Chronic Pain guidelines require documentation of functional improvement at least once every six months consisting of a decrease in pain, increased level of function, or improved quality of life for a satisfactory response to treatment with opioid medication. The medical records reviewed indicate that the employee has chronic neck and lower back pain. However, there is a lack of documentation from the provider regarding the employee's response to medication in the progress reports dated 6/3/2013 and 7/15/2013. **The request for Norco 10/325mg #100 (x3 refills) QTY: 4.00 is not medically necessary and appropriate.**

2) Regarding the request for Soma 350mg #90 (x3 refills) QTY: 4.00:

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, Muscle Relaxants and Carisoprodol sections, which are part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Muscle Relaxants, page 29 and 63, which is part of the MTUS.

Rationale for the Decision:

The Chronic Pain guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. However, the guidelines do not specifically recommend Soma for any clinical situation. **The request for Soma 350mg #90 (x3 refills) QTY: 4.00 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

/sab

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.