

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/26/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/22/2013
Date of Injury:	4/24/2011
IMR Application Received:	8/2/2013
MAXIMUS Case Number:	CM13-0006049

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Volteran 70mg #60 is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Norco 5/325mg, #60 is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **repeat epidural injection at L4-5 is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/2/2013 disputing the Utilization Review Denial dated 7/22/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/30/2013. 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 **Volteran 70mg #60 is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Norco 5/325mg, #60 is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **repeat epidural injection at L4-5 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 Occupational 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.

Expert Reviewer Case Summary:

There are limited medical records regarding this patient. There is no history of injury described. There is incomplete utilization review notes. From the available notes, there appears to be radiculopathy to lower extremities. The patient has had right lumbar epidural injection on June 5, 2013. He has had improvement after the first few days but then had increasing pain. He complains of radicular pain right greater than left. Positive straight leg raise on the right greater than left. There is documentation of sensory deficit specific to the left lower extremity L4 and L5 nerve root distribution. There is no documentation of hope you use including benefits such as pain reduction or functional improvement. There is no documentation as the use of opioids. There is no documentation as the use of NSAIDs in the two available progress notes dated 6/18/2013 and 6/26/2013.

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 Employee/Employee Representative
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for Volteran 70mg #60:

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, which is a part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, NSAIDs, pg. 44, which is a part of the MTUS.

Rationale for the Decision:

A review of the records indicates that there are limited medical records regarding this employee. There is no history of the injury described. There are incomplete utilization review notes. From the available notes, there appears to be radiculopathy to lower extremities. The employee has had right lumbar epidural injection on June 5, 2013. There was improvement after the first few days but then had increasing pain. The employee complains of radicular pain right greater than left. Positive straight leg raise on the right greater than left. There is documentation of sensory deficit specific to the left lower extremity L4 and L5 nerve root distribution. There is no documentation of benefits such as pain reduction or functional improvement. There is no documentation as to the use of opioids. There is no documentation as to the use of NSAIDs in the two available progress notes dated 6/18/2013 and 6/26/2013.

CA MTUS chronic pain guidelines recommend NSAIDs for short-term relief of chronic low back pain. It appears the employee has been using NSAIDs for an extended period of time. Therefore, as the employee continues to have chronic low back pain and MTUS does not recommend a long-term use of NSAIDs and there is no indication that the NSAIDs have helped the patient's symptoms, **the request for Volteran 70mg #60 is not medically necessary and appropriate.**

2) Regarding the request for Norco 5/325mg, #60:

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, which is a part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Treatment Guidelines, Opioids, pg. 76, which is a part of the MTUS.

Rationale for the Decision:

CA MTUS chronic pain guidelines support the use of opioid medication for short periods of time. They may be extended only if certain parameters are measured and met. A review of the records indicates that this employee has had opioid therapy for an extended period of time but there is no documentation of the benefit of such therapy. There is no evidence for functional improvement of pain reduction. The employee continues to have pain.

Since there is no documentation of the effectiveness of opioids, no reduction noted in limitations and the presence of side effects, **the request for Norco 5/325mg #60 is not medically necessary and appropriate.**

3) Regarding the request for repeat epidural injection at L4-5:

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, which is a part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, epidural Steriod injections (ESIs), pg.46, which is a part of the MTUS.

Rationale for the Decision:

CA MTUS chronic pain guidelines recommend epidural steroid injections. Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). See specific criteria for use below. Most current guidelines recommend no more than 2 ESI injections. This is in contradiction to previous generally cited recommendations for a "series of three" ESIs. These early recommendations were primarily based on anecdotal evidence. Research has now shown that, on average, less than two injections are required for a successful ESI outcome. Current recommendations suggest a second epidural injection if partial success is produced with the first injection. and a third ESI is rarely recommended. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program.

A review of the records indicates the employee did have success limited to a several days, the employee should be considered a candidate for a second ESI. Therefore as there is a specific nerve root distribution targeted by the ESI and that the employee has had some relief with the previous ESI, the request for ESI at L4-5 is within guidelines. **The request for Repeat Epidural Injection at L4-5 is 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

/sce

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.