MAXIMUS FEDERAL SERVICES, INC.
Independent Medical Review
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MAXIMUS Federal Services

Notice of Independent Medical Review Determination

Dated: 11/13/2013

[redacted]

[redacted]

Employee:	[redacted]
Claim Number:	
Date of UR Decision:	7/24/2013
Date of Injury:	11/29/2011
IMR Application Received:	8/5/2013
MAXIMUS Case Number:	CM13-0006598

1) MAXIMUS Federal Services, Inc. has determined the request for **Norco 5, #60** is not **medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the request for **Protonix** is not **medically necessary and appropriate.**

3) MAXIMUS Federal Services, Inc. has determined the request for **Terocin times 2** is not **medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/5/2013 disputing the Utilization Review Denial dated 7/24/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/3/2013. 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 5, #60** is not **medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the request for **Protonix** is not **medically necessary and appropriate.**

3) MAXIMUS Federal Services, Inc. has determined the request for **Terocin times 2 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 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. 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 37 year old, with a date of injury of 11/29/2011. The patient is post lumbar spine surgery on 3/12/2013. The patient has had steroid injections, physical therapy and other conservative care. The patient has been prescribed Norco, Protonix and Terocin for over 1 year. There are no records indicating the patient has GI issues. The patient was prescribed voltaren tabs. A urine drug screening (UDS) on 5/9/13 was negative for Norco. There are no indications in the records the patient is taking Norco, how the medication is helping pain and function.

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 5, #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 part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Opioids, page 74, which is part of the MTUS.

Rationale for the Decision:
The Chronic Pain Guidelines do not recommend opioids for chronic lumbar root pain. The guidelines require a documented plan for therapy with documentation of goals such as pain reduction and functional improvement. The medical records provided for review do not show evidence of pain reduction or functional improvement. The medical records indicate that the urine drug screening was negative for Norco, although the medication had been prescribed. **The request for Norco 5mg #60 is not medically necessary and appropriate.**

2) **Regarding the request for Protonix:**

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 part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Non-steroidal Anti-inflammatory Drugs (NSAIDs), page 68, which is part of the MTUS.

Rationale for the Decision:
The Chronic Pain Guidelines indicate that a patient is at risk for gastrointestinal (GI) events if they are over 65 years-old; have a history of peptic ulcer, GI bleeding or perforation; if there is concurrent use of aspirin (ASA), corticosteroids, and/or an anticoagulant; or is taking a high dose/multiple NSAIDs. The medical records provided for review do not indicate that employee is having GI issues. **The request for Protonix is not medically necessary and appropriate.**

3) **Regarding the request for Terocin times 2:**

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 part of the MTUS.

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

Rationale for the Decision:
The Chronic Pain Guidelines recommend topical lidocaine for neuropathic pain. Terocin contains lidocaine and capsaicin. Capsaicin is a topical treatment for patients with osteoarthritis, fibromyalgia or chronic back pain. However, the guidelines state that there is limited evidence for the effectiveness of this medication. The medical records provided for review does not show evidence that the employee has neuropathic pain, or any improvement from taking this medication. **The request for Terocin times two (2) 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

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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.