

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 11/21/2013

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/2/2013

9/19/2011

8/5/2013

CM13-0006959

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Norco 10/325** 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 7/2/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/27/2013. 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 10/325 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:**

This 58 year old female was injured on 9/19/2011 while working as a phlebotomist. At that time, it sounds like she had a meniscal injury of the right knee and underwent a right knee arthroscopy in November of 2011. Subsequent to this, she continued to have pain and had a second surgery of May 2012. At that time she underwent a Biomet Oxford unicompartmental arthroplasty. Despite physical therapy, trigger point injections, Synvisc injections, medications, and surgery, she continued to have pain. She underwent a revision right total knee arthroplasty in October of 2012. She had a manipulation under anesthesia on February 20, 2013. In addition, she has had psychological treatment in addition to her medical treatment.

A progress note on 12/27/12 documents that there was increase with weight bearing and uses a walker. The pain was rated as a 4 to 8 out of 10. At that time, Percocet and Ibuprofen were written for alone with continuation of physical therapy.

The progress note on 1/15/2013 noted that this female has slow progress with physical therapy. The pain was a 4 to 8 out of 10. Percocet and Norco were written for at that time.

The progress note from physical therapy on 6/3/13 reveals no significant change since previous visit. Present limitations were walking/standing for an hour, sitting on the floor, getting up from the floor or toilet, donning pants, socks/shoes, washing her feet and cutting her toenails and normal gait pattern. There had not been a significant change in her function, motion and pain level in the past month. The recommendations included discontinuation formal therapy to a HELP.

Progress note on 6/24/2013 documented that this female ambulates with a cane for stability. There is decreased flexion and extension of the right knee. An MRI noted a left knee meniscal tear and grade III chondromalacia. The diagnosis noted were depressive

disorder, bursitis of the knee, tear medial meniscus. The medications dispensed for inflammation or pain were Ibuprofen 800mg and Norco 10/325.

The medication under review is Norco 10/325. With review of the records, this female has had this prescription for greater than one year.

### **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 10/325:**

##### 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, pg 46 and pg 79-81, which is a part of the MTUS and the Official Disability Guidelines (ODG), Pain Chapter, which is not a part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Opioids, pg. 74-96, which is a part of the MTUS.

##### Rationale for the Decision:

The reviewed medical records indicate this employee has been taking Norco 10/325 for pain relief for greater than one year. The chronic pain medical treatment guidelines, section as above, note that Norco is seen as an effective method in controlling chronic pain and is used for intermittent or breakthrough pain. According to the guidelines, a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Opioids for chronic pain for osteoarthritis is not recommended as a first-line therapy. Under study for long-term use as there is a lack of evidence to allow for a treatment recommendation. A major concern about the use of opioids for chronic pain is that most randomized controlled trials have been limited to a short-term period (<70 days). This leads to a concern about confounding issues such as tolerance. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. When initiating therapy, for continuous pain, extended-release opioids are recommended. If partial analgesia is not obtained, opioids should be discontinued. Pain treatment agreement is recommended. The plan should be signed and dated and include the following: goals of therapy, only one provider gives prescriptions, only one pharmacy dispenses prescriptions, there will be a limit of number of medications, and dose of specific medications, medications are not to be altered without the prescribing doctor's permission, refills are limited and will only occur at appointments,

treatment compliance must occur for all other modalities enlisted, if opioid use is not effective, the option of discontinuing this therapy may occur. There is inadequate documentation in the records reviewed to indicate that Norco has provided improvement in function long term for this employee. Additionally, documentation indicates that usage of this analgesics is inconsistent. The guidelines indicate that opioids should be dispensed by one provider. There is inadequate documentation of a plan and the dispersion of this medication. The guidelines do not support long term usage of opioids and note that if there is chronic continuous pain, an extended-release analgesic is preferred. **The request for Norco 10/325mg 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, 18<sup>th</sup> Floor  
Oakland, CA 94612

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