

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/2/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/27/2013
Date of Injury:	1/4/2010
IMR Application Received:	8/5/2013
MAXIMUS Case Number:	CM13-0007347

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Hydrocodone-APAP 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 7/27/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/5/2013. 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 request for **Hydrocodone-APAP 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 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 claimant suffered an injury in January 4, 2010. The claimant has continued cervical, thoracic and lumbar spine pain. The claimant has been using Norco, Paxil, Flexeril, gabapentin and Ambien to help decrease the pain and improve sleep. The Norco had been started since October 29, 2012. A urine drug screen in January 14 2013 indicated no drugs were detected. A note in May 6, 2013 stated that the claimant was still receiving Norco for the following diagnostic impressions: cervical myofascial pain, thoracic myofascial pain, lumbar radiculopathy, and chronic pain syndrome.

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 Hydrocodone-APAP 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 CA MTUS Chronic Pain Medical Treatment.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), page 75, which is part of the MTUS, and Official Disability Guidelines (ODG), Urine Drug Testing, which is not part of the MTUS.

Rationale for the Decision:

Norco, which is hydrocodone with acetaminophen, is a short acting opioid. It is often used for breakthrough pain and controlling chronic pain symptoms. For chronic opioid use with the suspected abuse a toxicology screen is often performed. There was a prior urine toxicology screen where there is no drug detected. As per the chronic pain medical treatment guidelines this may suggest either noncompliance, or intermittent. Furthermore the documentation does not support that there is any functional benefit or quantifiable pain reduction by Norco. Based on the documentation provided the continued use of Norco is not medically necessary. **The request for Hydrocodone-APAP 10/325 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

/cmol

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.