

Independent Medical Review Final Determination Letter

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Dated: 12/17/2013

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| IMR Case Number: | CM13-0014272 | Date of Injury: | 12/29/2001 |
| Claims Number: | [REDACTED] | UR Denial Date: | 07/29/2013 |
| Priority: | STANDARD | Application Received: | 08/20/2013 |
| Employee Name: | [REDACTED] | | |
| Provider Name: | [REDACTED] | | |
| Treatment(s) in Dispute Listed on IMR Application: | | | |
| PLEASE REFERENCE UTILIZATION REVIEW DETERMINATION LETTER | | | |

DEAR [REDACTED],

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine & Cardiology, and is licensed to practice in Texas. 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 physician 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 disputed items/services.

DOCUMENTS REVIEWED

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, employee/employee representative, Provider)
- Medical Treatment Utilization Schedule (MTUS)

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 61 year old male who reported an injury on 12/29/2001. The patient's diagnosis is back pain. It was noted that the patient has low back pain and takes Vicodin and Soma to decrease his pain so he is able to work. There is no documentation of aberrant or nonadherent drug-related behaviors. Objective findings included tenderness to back and normal deep tendon reflexes.

IMR DECISION(S) AND RATIONALE(S)

The Final Determination was based on decisions for the disputed items/services set forth below:

- 1. Vicodin #120 with 5 refills is not medically necessary and appropriate.**

The Claims Administrator based its decision on the California Chronic Pain Medical Treatment Guidelines, Opioids, Criteria for use, which is part of the MTUS..

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Opioids, Long-term assessment, pages 78, 88-89, which is part of the MTUS.

The Physician Reviewer's decision rationale:

It is noted that the employee has been on Vicodin since at least 07/12/2012. The employee has taken the medication 4 times a day and the subsequent decrease in pain makes it possible to work. According to California MTUS Guidelines, the criteria of use

for long-term users of opioids (6 months or more), includes documentation of the employee's pain level at each visit and of functional improvement, using a numerical scale or validated instrument, at 6 month intervals. A satisfactory response to treatment may be indicated by the employee's decreased pain, increased level of function, or improved quality of life. Documentation of changes to the employee's diagnosis, other treatments and medications tried, side effects to other medications or opioids, possible psychological issues, and whether there are indications for a screening instrument for abuse/addiction, are also criteria for long-term use, according to the guidelines. The 4 A's should be monitored and documented to include analgesia, activities of daily living, adverse side effects and aberrant drug-taking behavior. Though there is some notation that the employee has an increased quality of life in that employee is able to work due to taking opioids, there is no documentation of the employee's pain levels or functional improvement included in the provided medical records. **The request for Vicodin #120 with 5 refills is not medically necessary and appropriate**

2. Soma 350mg # 120 with 5 refills is not medically necessary and appropriate.

The Claims Administrator based its decision on the California Chronic Pain Medical Treatment Guidelines, Opioids, Criteria for use, which is part of the MTUS..

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Carisoprodol (Soma), page 29, which is part of the MTUS..

The Physician Reviewer's decision rationale:

It is noted that the employee has been on Soma since at least 07/12/2012. According to California MTUS Guidelines, this medication is not recommended as it is not indicated for long-term use. The employee has been on this medication for at least 18 months which would exceed guideline criteria for the use of this medication. A rationale from the physician documenting indications for exceeding this time frame was not provided to support continuation of this medication. The employee's response to this medication was also not documented. The request also includes 5 refills which would not allow for an adequate re-assessment of the employee indicating efficacy to support continuation. **The request for Soma 350mg #120 with 5 refills is not medically necessary and appropriate.**

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.

[REDACTED]

CM13-0014272