

## Independent Medical Review Final Determination Letter

1384

Dated: 12/30/2013

<b>IMR Case Number:</b>	CM13-0019247	<b>Date of Injury:</b>	02/07/1983
<b>Claims Number:</b>	[REDACTED]	<b>UR Denial Date:</b>	08/05/2013
<b>Priority:</b>	STANDARD	<b>Application Received:</b>	09/03/2013
<b>Employee Name:</b>	[REDACTED]		
<b>Provider Name:</b>	[REDACTED], MD		
<b>Treatment(s) in Dispute Listed on IMR Application:</b>			
REFERRAL TO DR. LAIRD FOR BILATERAL KNEE PAIN; MEICALLY CERTIFIED BY PHYSICIAN ADVISOR, OXYCONONE 30MG #240 AND NUVIGIL 150MG #60 WITH THREE REFILLS/ NOT MEDFCALLY CERTIFIEDBY PHYSICIAN ADVISOR			

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California and 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:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

### 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 57-year-old male who reported an injury on 02/07/1983. According to the documentation, the patient sustained his injury when he was involved in a motor vehicle accident. The accident reportedly injured his left knee at the time; however, he continued to work until 1996 when his knee began giving out on a weekly basis. The patient is noted as having over 17 surgeries, mainly to his legs and knees and is now being diagnosed with bilateral knee pain. According to the documentation dated 10/02/2013, the patient has reportedly been using oxycodone for over a decade.

### IMR DECISION(S) AND RATIONALE(S)

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

#### **1. Oxycodone 30mg, #240 is not medically necessary and appropriate.**

The Claims Administrator based its decision on the CA MTUS Guidelines.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines Opioids, page 74-89, which is part of the MTUS.

The Physician Reviewer's decision rationale:

According to California MTUS, one of the criteria for continuing opioids is if the patient has returned to work and the other is if the patient has improved functioning and pain. According to the documentation, the patient was noted to have returned to work as a volunteer working with kids' athletics. However, the most recent clinical visit for the patient was dated back in 04/2013. Although there is no set visit frequency according to

California MTUS, it does recommend the duration should be 1 to 6 months between visits. Without a current comprehensive physical exam, it is unclear at this point what the patient's accurate pain level, triggers and tolerances are to this date. Furthermore, according to California MTUS under the criteria for the long-term use of opioids, which is 6 months or more, there should be documentation of pain and functional improvement compared to the baseline when the patient first began taking this medication. There should be documentation of satisfactory response to treatment which may be indicated by the patient's decrease in pain, increased level of function, or improved quality of life. Furthermore, information from family members or other caregivers should be considered in determining the patient's response to treatment. Lastly, it states the pain should be assessed at each visit and function should be measured at 6 months intervals using a numerical scale or validated instrument. Without an updated clinical evaluation of the patient, it is unclear at this point if the Oxycodone has had any significant functional benefit and should be continued. Therefore, without any objective information provided stating the functional improvements for the patient with the use of this opioid, the requested service does not meet guideline criteria. As such, the request is non-

**2. Nuvigil 150 mg, #60, with 3 refills is not medically necessary and appropriate.**

The Claims Administrator based its decision on the CA MTUS Guidelines.

The Physician Reviewer based his/her decision on the Official Disability Guideline (ODG), Pain Chapters, Armodafinil ( Nuvigil), which is not part of the MTUS>

The Physician Reviewer's decision rationale:

Because both California MTUS and ACOEM do not address this medication, Official Disability Guidelines have been referred to for this medication. According to Official Disability Guidelines, Nuvigil, otherwise known as armodafinil, is not recommended solely to counteract sedating effects of narcotics. Nuvigil is used to treat excessive sleepiness caused by narcolepsy or shift work sleep disorder. In the case of this patient, he would be using this medication to counteract the oxycodone; however, since oxycodone has been found to be non-certified in this case, subsequently, the Nuvigil will also be non-certified because the patient has not been diagnosed as having narcolepsy or any shift work sleep disorder.

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]

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