

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 9/6/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/3/2013

5/5/2009

7/15/2013

CM13-0001386

- 1) MAXIMUS Federal Services, Inc. has determined the request for Vicodin 5/500mg # 140 **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/15/2013 disputing the Utilization Review Denial dated 7/3/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/16/2013. 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 Vicodin 5/500mg # 140 **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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 3, 2013

“The patient is 33 year-old female psychiatric technician who sustained an injury on 5/5/09 when she slipped and fell. The current diagnoses are S/P left shoulder arthroscopy, left carpal tunnel syndrome and unstable clavicle. Treatment to date has consisted of medical marijuana, Cymbalta, Seroquel.

“On 3/2/13, Dr. [REDACTED] reports patient complaints bilateral shoulder pain. Takes #1 Vicodin at night for pain control.

“On 6/5/13, Dr. [REDACTED] reports patient complaints left shoulder, elbow, wrist and hand complaints. Did not tolerate Norco 10/325mg. he finds diminished sensation left index finger and positive carpal tunnel compression and Phalens’s test. He recommends return in one Week for removal of staples and Vicodin, no more than 6 per day.”

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 Independent Medical Review (received 7/15/13)
- Utilization Review Determination (dated 7/3/13)
- Chronic Pain Medical Treatment Guidelines (2009), Hydrocodone (Vicodin, Lortab), pg. 51
- PR-2 Report (dated 6/7/13)

1) Regarding the request for Vicodin 5/500mg # 140 :

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), Hydrocodone (Vicodin, Lortab), pg. 51, part of the Medical Treatment Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines in the American College of Occupational and Environmental Medicine (ACOEM) guidelines, 2004, 2nd Edition, Shoulder Complaints, pg. 212, table 9-6 was applicable and relevant to the issue at dispute.

Rationale for the Decision:

The employee injured the left shoulder, elbow, wrist, and hand from a slip and fall on 5/05/2009. The employee has been given pain medication, medical marijuana, chiropractic treatment, physical therapy, acupuncture, X-rays and an MRI. The medical report, dated 6/05/2013, indicated that the employee was post left shoulder surgery, with continued pain in the left shoulder, left elbow and left hand and wrist. A request was submitted for Vicodin 5/500mg # 140.

The ACOEM guidelines, chapter 9 indicate that opioids, including Vicodin, should not be given for more than two weeks. The maximum dosage for this level of strength is eight per day. The requested number of 140 exceeds the guideline recommendation. The request for Vicodin 5/500mg # 140 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;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/bh

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.