
Notice of Independent Medical Review Determination

Dated: 8/30/2013

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/2/2013
Date of Injury: 7/12/1995
IMR Application Received: 7/16/2013
MAXIMUS Case Number: CM13-0001662

- 1) MAXIMUS Federal Services, Inc. has determined the request for one (1) prescription of Oxycodone 12 hour extended release **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/16/2013 disputing the Utilization Review Denial dated 7/2/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/19/2013. 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 one (1) prescription of Oxycodone 12 hour extended release **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 Internal 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 follow-up report from [REDACTED] dated July 8, 2013.

“The patient is complaining of pain in the neck, lower back and both knees. Back is worse. Pain rating on 0 to 10 scale is 8. Pain without medication is 10. Pain with medication is 6 to 9. The patient has been taking MS Contin twice a day for long time, but he says not helping. He wants to change the medication. He is also taking Oxycodone 7.5/325 mg three times a day, Cymbalta and Zanaflex. The patient still has pain.”

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 for Independent Medical Review
- Utilization Review by [REDACTED] (dated 7/2/13)
- Employee’s Medical Records by [REDACTED] (dated 12/8/12 thru 12/11/12)
- Employee’s Medical Records by [REDACTED] (dated 11/19/12)
- Employee’s Medical Records by [REDACTED] (dated 12/12/12 thru 1/23/13)
- Employee’s Medical Records by [REDACTED] (dated 12/11/12)
- Physical Therapy Notes (dated 11/30/12 thru 12/5/12)
- Employee’s Medical Records by [REDACTED] (dated 11/22/12)
- Employee’s Medical Records by [REDACTED] (dated 9/26/12 thru 12/5/12)

- Employee's Medical Records by [REDACTED] (dated 11/22/12 thru 12/10/12)
- Rx Guardian INSIGHT Report by [REDACTED] (dated 7/8/13)
- Employee's Medical Records by [REDACTED] (dated 7/2/12 thru 7/8/13)

1) Regarding the request for one (1) prescription of Oxycodone 12 hour extended release:

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

The Claims Administrator did not cite a guideline in its utilization review determination letter. The provider did not dispute the lack of guidelines used by the Claims Administrator. The Expert Reviewer found the Chronic Pain Medical Treatment Guidelines, Opioids, which is a part of the California Medical Treatment Utilization Schedule (MTUS) relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was injured on 7/12/95. The employee is experiencing pain in the neck, low back, and both knees. Treatment to date includes Oxycodone, Cymbalta, and Zanaflex. The request is for one (1) prescription of Oxycodone 12 hour extended release.

The Chronic Pain Medical Treatment Guidelines recommend to continue Opioids if the patient has returned to work, or if the patient has improved functioning and pain. Medical records submitted and reviewed lack documentation demonstrating improved pain control, mobility, or the ability to perform activities of daily living. The request for one (1) prescription of Oxycodone 12 hour extended release 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

/ldh

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.