
Notice of Independent Medical Review Determination

Dated: 10/4/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/15/2013
Date of Injury:	12/9/2006
IMR Application Received:	7/22/2013
MAXIMUS Case Number:	CM13-0002334

- 1) MAXIMUS Federal Services, Inc. has determined the request for 90 Vicodin 5-500mg 3 refills **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for 1 pain management evaluation **is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for 6 aqua therapy visits **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/22/2013 disputing the Utilization Review Denial dated 7/15/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/24/2013. 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 90 Vicodin 5-500mg 3 refills **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for 1 pain management evaluation **is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for 6 aqua therapy visits **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 Preventative Medicine and Occupational 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 15, 2013:

“The patient is a 23 year old female with a date of injury of 12/9/2006. Under consideration is a prospective request for certification of #90 Vicodin 5-500mg with 3 refills, #105 Nortriptyline 10mg, #30 Meloxicam 7.5mg, one pain management evaluation, six acupuncture visits, and six aqua therapy visits.”

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 (received 7/21/2013)
- Utilization Review Determination from [REDACTED] (dated 7/12/2013)
- Employee Medical Records from [REDACTED]
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for 90 Vicodin 5-500mg 3 refills:

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) which is part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (May, 2009) pg. 80 of 127 which is part of the MTUS and relevant and appropriate for the issue at dispute.

Rationale for the Decision:

The employee sustained a work-related injury on December 9, 2006 to the right shoulder and right upper arm. The medical records provided for review indicate treatments have included acupuncture, physical therapy, and medication management. The request is for 90 Vicodin 5-500mg, 3 refills.

The MTUS Chronic Pain Medical Treatment Guidelines criteria for continuation of opioids, includes evidence of successful return to work, improved functioning, and/or reduced pain through usage of opioids. The medical records reviewed do not document evidence that the employee has returned to work, and there is no clear evidence of improved functioning and/or reduced pain through prior usage of Vicodin. The most recent progress notes suggested that the employee still exhibits significant physical impairment pertaining to her affected right shoulder, and there is no documentation which would meet guideline criteria supporting a three-month supply of Vicodin. Therefore, the request for 90 Vicodin 5-500mg, 3 refills, **is not medically necessary and appropriate.**

2) Regarding the request for 1 pain management evaluation:

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 Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, 4/27/2007, pg. 56, which is medical treatment guideline which is not part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer based his/her decision on Chronic Pain Medical Treatment Guidelines (May, 2009) pg. 1 which is part of the MTUS.

Rationale for the Decision:

The employee sustained a work-related injury on December 9, 2006 to the right shoulder and right upper arm. The medical records provided for review indicate treatments have included acupuncture, physical therapy, and medication management. The request is for pain management evaluation.

The MTUS Chronic Pain Medical Treatment Guidelines note that the treating physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary in those individuals who fail to respond to conservative management. The medical records reviewed indicate the employee has failed to respond to conservative management which meets guideline criteria for a

specialist referral. The request for a pain management evaluation **is medically necessary and appropriate.**

3) Regarding the request for 6 aqua therapy visits:

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) which are part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer did not find the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance. The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (May, 2009) pg. 22 of 127 which is part of the MTUS.

Rationale for the Decision:

The employee sustained a work-related injury on December 9, 2006 to the right shoulder and right upper arm. The medical records provided for review indicate treatments have included acupuncture, physical therapy, and medication management. The request is for six (6) aqua therapy visits.

The MTUS Chronic Pain Medical Treatment Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy in those individuals with a condition or disease process that would make reduced weightbearing desirable, as, for example, extreme obesity. Based on the medical records reviewed, there is no evidence that the employee is extremely obese or has any gait defects that would meet guideline criteria for aquatic therapy. The request for six (6) aqua therapy **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

/hs

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.