
Notice of Independent Medical Review Determination

Dated: 10/11/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/2/2013

2/24/1997

7/22/2013

CM13-0002528

- 1) MAXIMUS Federal Services, Inc. has determined the request for Oxycondone refill 15 mg tabs #120 for 30 days **is 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 7/2/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/25/2013. 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 Oxycondone refill 15 mg tabs #120 for 30 days **is 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 utilization review denial/modification dated July 2, 2013:

“According to the records made available for review, this is a 66-year-old female patient sip injury 2124/97. No medical reports documenting the patient's current clinical condition (subjective/objective findings, diagnoses, treatment, etc.) have been made available for review. Treatment requested is refills for Oxycodone tab 15mg, Qty: 120.00 for 30 days.”

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 07/22/2013)
- Utilization Review Determination from [REDACTED] (dated 07/02/2013)
- Employee medical records from [REDACTED] (dated 08/01/2013)
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for Oxycondone refill 15 mg tabs #120 for 30 days :

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), (section not cited), pg. 79- 81, part of the Medical Utilization Treatment Guidelines (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the Chronic Pain Medical Treatment

Guidelines (2009), Opioids for chronic pain, pg. 81, relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on 2/24/97. The records submitted and reviewed indicate a history of chronic low back pain. The records indicate treatment has included: trials of NSAIDs, physical therapy, epidural cortisone injections and various opiate pain medications including Endocet, Nucynta ER and Norco. The request is for Oxycodone refill 15 mg tabs #120 for 30 days .

MTUS Chronic Pain Medical Treatment Guidelines indicate that opioids for chronic back pain – appears to be efficacious but limited for short term pain relief. Long term efficacy (> 16 wks) is unclear. Failure to respond to a time limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. The provided medical records show evidence that all conservative therapy measures were exhausted including trials of NSAIDs, physical therapy, epidural cortisone injections and various opiate pain medications including Endocet, Nucynta ER and Norco. The MTUS guidelines do recommend the use of Oxycodone refill 15 mg tabs #120 for 30 days . The request for Oxycodone refill 15 mg tabs #120 for 30 days **is 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

/mbg

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.