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**Notice of Independent Medical Review Determination**

Dated: 9/25/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 7/1/2013  
Date of Injury: 4/5/2002  
IMR Application Received: 7/24/2013  
MAXIMUS Case Number: CM13-0003001

- 1) MAXIMUS Federal Services, Inc. has determined the requested MS CONTIN 15mg #60 **is medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/17/2013 disputing the Utilization Review Denial dated 6/28/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/29/2013. 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 requested prescription of MS Contin 15mg #60 **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 Anesthesiology and Pain Management 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 1, 2013

“The patient is a 60 year old female with a date of injury of 4/4/2002. The provider has prospectively requested 1 prescription of Cymbalta 60mg #60 wjth 3 refills, 1 prescription of Rerperon 30mg #30 with 3 refills, I prescription of Senna-S # 120 with 3 refills, 1 prescription of Lunesta 2rng #45 with 3 refills and I prescription of MS Contin 15mg #60. Per the evaluation by Dr. [REDACTED] on 6/25/2013, the patient reported continued neck and low back pain with no new problems or side effects. She also reported that she was experiencing good sleep quality and that her activity level had increased. The physical examination noted significant reduction in cervical and lumbar range of motion due to pain as well as tenderness and spasm in the paravertebral muscles of the cervical and lumbar spines bilaterally. Orthopedic testing was negative for radicular pain. Neurological testing revealed normal light touch sensation in all dermatomes and 5/5 muscle strength in all myotomes tested. The patient has a history of sleep disorder and her diagnosis included depression. She had been taking opioids since at least 8/21/12. but continually reported no improvement in pain since February 2013.”

### **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 7/24/2013)
- Utilization Review Determination from [REDACTED] (dated 7/1/2013)
- Medical Records provided by the claims administrator
- Medical Treatment Utilization Schedule

**1) Regarding the request for Error! Reference source not found.:**

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) pg. 89 and 93 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 found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on April 4, 2002, resulting in continued neck and low back pain. The medical records provided for review indicate the diagnoses of cervical pain, post cervical laminectomy syndrome, neck pain, and depressive disorder. Treatment has included steroid injections, analgesics and home exercise. The request is for MS Contin 15mg #60.

MTUS Chronic Pain guidelines indicate that the dosage of opioids should not be lowered when current dosage is effective. According to the medical records provided for review the employee was without MS Contin for four weeks with documentation of worsening functional activity below baseline. However, when MS Contin was resumed the employee returned to baseline. The request for MS Contin 15mg #60 **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  
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Oakland, CA 94612

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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.