

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
P.O. Box 138009
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Notice of Independent Medical Review Determination

Dated: 11/12/2013

[REDACTED]

[REDACTED]

| | |
|---------------------------|--------------|
| Employee: | [REDACTED] |
| Claim Number: | [REDACTED] |
| Date of UR Decision: | 7/25/2013 |
| Date of Injury: | 4/21/2006 |
| IMR Application Received: | 7/29/2013 |
| MAXIMUS Case Number: | CM13-0004345 |

- 1) MAXIMUS Federal Services, Inc. has determined the request for **psychological evaluation to assess if a candidate for detoxification, FRP is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/29/2013 disputing the Utilization Review Denial dated 7/25/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/9/2013. 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 **psychological evaluation to assess if a candidate for detoxification, FRP 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 Psychiatry, has a subspecialty in Geriatric Psychiatry, Addiction 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.

Expert Reviewer Case Summary:

This is a 63 year old male whose original date of injury was 4/21/2006. He attended a functional restoration program in 2007 with apparently little benefit. Over the past approximately 5 years he has developed intractable lower back pain. Of concern is that since the original 2006 injury the duration and degree of his opiate use has escalated. He is now allegedly taking MS Contin 100 mg po TID, hydromorphone 2 m po TID, and Baclofen 10 mg po BID. He also takes Lunesta 2 mg HS for sleep. This is one of multiple appeals for a functional restoration program to help detox him off of his total narcotic load.

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 of Independent Medical Review
- Utilization Review Determination
- Medical Records from (Claims Administrator,)
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for psychological evaluation to assess if a candidate for detoxification, FRP:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, pgs. 31-32, which are part of the MTUS, and the Official Disability Guidelines (ODG), which are not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pg. 30-33, Chronic Pain Programs, which are part of the MTUS.

Rationale for the Decision:

The employee sustained a work-related injury on 4/21/2006. The request is for a psychological evaluation to assess if a candidate for Detoxification, FRP.

Medical records submitted and reviewed indicate the employee's current opiate load is at an extraordinary level, and has developed a high degree of hyperalgesia, and the current level of dependency is unlikely to be managed effectively in an outpatient setting that is not multidisciplinary in nature. The employee requires not only detoxification but an FRP type of program to prevent further dose escalation of opiates, which will only result in continuing functional deterioration. **The request for psychological evaluation to assess if a candidate for detoxification, FRP 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,

Paul Manchester, MD, MPH
Medical Director

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