

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/12/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/25/2013
Date of Injury:	10/4/2003
IMR Application Received:	8/2/2013
MAXIMUS Case Number:	CM13-0006029

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Oxycodone is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **MS Contin is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Valium is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/2/2013 disputing the Utilization Review Denial dated 7/25/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/26/2013. 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 **Oxycodone** is not **medically necessary and appropriate**.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **MS Contin** is not **medically necessary and appropriate**.
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Valium** 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.

Expert Reviewer Case Summary:

The patient is a 40-year-old male who reported injury in 10/2003. The mechanism of injury was stated as the patient sustained this injury while dealing with a combative suspect. The patient was noted to have low back pain bilaterally, and in the right leg. The patient's pain was noted to be aching, spasm, and burning sensation and rated as a 6/10. The patient's diagnoses were stated to include chronic pain syndrome, lumbar degeneration disc disease, failed back syndrome, lumbar radiculitis and spondylolisthesis. The treatments request were oxycodone, MS Contin, Lyrica, and Valium.

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 Oxycodone:

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, which is a part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Sections - Opioids, On-going Management, pages 75 and 78, which is a part of MTUS.

Rationale for the Decision:

The MTUS Chronic Pain Guidelines recommend a long-acting opioid to provide the employee around the clock analgesia. The guidelines also recommends the documentation of 4 domains for on-going use of opioids including pain relief, side effects, physical and psychosocial functioning, and the occurrence of an potential aberrant nonadherent drug related behaviors. Clinical documentation submitted for review provided documentation of the 4A's. In the office note dated 08/21/2013, the employee stated the pain was a 6/10, additionally the employee was noted to have received an epidural steroid injection on 08/21/2013. The employee's medications as of that date were oxycodone IR approximately 2 to 3 times a day, Valium 10 mg twice a day, Lyrica 200 mg twice daily and an occasional Imitrex. The employee stated that opiates improved the quality of life, helped to remain somewhat active, and they were noted to be effective in maintaining the pain score. The employee was noted to have significant side effects with MS Contin which caused severe sexual dysfunction, nausea and vomiting, and constipation. The employee was noted to be switched over to OxyContin. The employee was noted to show no sign of aberrant drug behavior. Treatment plan was noted to include OxyContin 20 mg twice a day due to the fact the employee failed MS Contin. It was noted the employee had a narcotic agreement, and it was stated the employee would decrease the oxycodone to 15 mg 4 times a day as needed. The physician was noted to have educated the employee on potential side effects of opioids. While it was noted the employee had failed MS Contin, this request was noted to be for OxyContin and oxycodone which are both in the long-acting opioid family. Clinical documentation submitted for review failed to provide the necessity for 2 medications from the same class. **The request for Oxycodone is not medically necessary and appropriate.**

2) Regarding the request for MS Contin:

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, which is a part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Sections - Opioids, On-going Management, pages 75 and 78, which is a part of MTUS.

Rationale for the Decision:

MTUS Guidelines recommend a long-acting opioid to provide the employee around the clock analgesia. The guidelines also recommends the documentation of 4 domains for on-going use of opioids including pain relief, side effects, physical and psychosocial functioning, and the occurrence of an potential aberrant nonadherent drug related behaviors. Clinical documentation submitted for review provided documentation of the 4A's. In the office note dated 08/21/2013, the employee stated the pain was a 6/10, additionally the employee was noted to have received an epidural steroid injection on 08/21/2013. The employee's medications as of that date were oxycodone IR approximately 2 to 3 times a day, Valium 10 mg twice a day, Lyrica 200 mg twice daily and an occasional Imitrex. The employee stated that opiates improved the quality of life, helped to remain somewhat active, and they were noted to be effective in maintaining the pain score. The employee was noted to have significant sides effects with MS Contin which caused severe sexual dysfunction, nausea and vomiting, and constipation. The employee was noted to be switched over to OxyContin. The employee was noted to show no sign of aberrant drug behavior. Treatment plan was noted to include OxyContin 20 mg twice a day due to the fact the employee failed MS Contin. It was noted the employee had a narcotic agreement, and it was stated the employee would decrease the oxycodone to 15 mg 4 times a day as needed. The physician was noted to have educated the employee on potential side effects of opioids. While it was noted the employee had failed MS Contin, this request was noted to be for OxyContin and oxycodone which are both in the long-acting opioid family. Clinical documentation submitted for review failed to provide the necessity for 2 medications from the same class. **The request for MS Contin is not medically necessary and appropriate.**

3) Regarding the request for Valium :

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, which is a part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Antispasmodics, Benzodiazepines, page 66, which is a part of MTUS.

Rationale for the Decision:

The MTUS Chronic Pain Guidelines do not recommend long-term use of benzodiazepines as there is a risk of dependence and there appears to be little benefit for the use of this class of drugs over nonbenzodiazepines for the treatment of spasms. In the office note dated 08/21/2013, the employee stated the pain was a 6/10. The prescribed medications as of that date were oxycodone IR approximately 2 to 3 times a day, Valium 10 mg twice a day, Lyrica 200 mg twice daily and an occasional Imitrex. The employee had an antalgic gait and diffuse tenderness to palpation throughout the lumbar paraspinal musculature. The employee was noted to have a positive straight leg raise on the right at 30 degrees which caused pain all the way down to the top of the foot and great toe. Sensation was noted to be decreased over the lateral calf on the right. The

employee was noted to have an MRI on 2013 which showed 11 mm spondylolisthesis L5 on S1 with bilateral pars defect with significant right foraminal stenosis. It was opined that the physician thought the employee's connecting rod was not connected to the right S1 pedicle screw. It was stated that the employee would continue the Valium twice a day for severe muscle spasms, and the employee had tried other muscle relaxers with no effect. Additionally, it was noted that Valium worked well for the employee's calf spasms. The request for Valium would be supported, however, the clinical documentation fails to indicate the duration of care. **The request for Valium 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,

Paul Manchester, MD, MPH
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.