

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

Dated: 11/14/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/29/2013
Date of Injury:	2/22/2011
IMR Application Received:	8/2/2013
MAXIMUS Case Number:	CM13-0006161

- 1) MAXIMUS Federal Services, Inc. has determined the request for a **functional restoration program is 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 7/24/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/9/2013. 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 **a functional restoration program 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 Preventive 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.

Expert Reviewer Case Summary:

All medical, insurance, and administrative records provided were reviewed.

It is noted that the applicant was using OxyContin, Seroquel, aspirin, Catapres, Zestoretic, and Lopressor prior to enrolling in the program.

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back and bilateral hip pain reportedly associated with an industrial injury of February 22, 2011.

Thus far, the claimant has been treated with the following: Analgesic medications; prior L4-S1 lumbar fusion surgery in June 2012, right hip total hip arthroplasty in November 2011; left total hip arthroplasty in February 2012; and accommodation of long-acting opioids and psychotropic medications; and extensive periods of time off of work. Additionally, the applicant has completed at least 54 hours of functional restoration program between the dates of October 7, 2013 through October 11, 2013.

On July 29, 2013, however, the claims administrator had non-certified a functional restoration program on the grounds that there was documentation of prior attempts to detox the applicant.

It is incidentally noted on October 8, 2013, that the applicant reduces dosage of OxyContin of 60 mg four times a day and 60 mg three times a day, after completing 54 hours of treatment over two weeks.

The applicant also alleged derivative psychiatric issues associated with this chronic pain.

In a September 10, 2013 note, it was suggested that the applicant was using 360 mg of OxyContin daily and wanted to try and decrease his dosage of pain medications. Therefore, a functional restoration was endorsed. The applicant's GAF as of that date of 75.

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 functional restoration program:

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, pages 30-31, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Criteria for the general use of multidisciplinary pain management programs, pages 31 -32, Detoxification, page 42, which is part of the MTUS.

Rationale for the Decision:

The MTUS Chronic Pain Guidelines, criteria for the pursuit of outpatient pain rehabilitation programs include the presence of an adequate and thorough precursor evaluation in individuals in whom previous means of treating chronic pain have been unsuccessful, an individual has a significant loss of ability to function independently associated with chronic pain, and exhibits motivation to change. The records submitted for review indicate that the employee did seemingly meet the aforementioned criteria. On September 10, 2013, the employee was described as having previously tried and failed to be weaned off of OxyContin. The employee had successfully weaned off the short-acting opioids prior to enrolling in the functional restoration program. The employee did state a willingness to change and stated a desire to cease the opioids. It did appear that the employee was an individual who had exhausted all lower levels of care. As further noted on page 42 of the MTUS Chronic Pain Medical Treatment Guidelines, gradual weaning or detoxification is endorsed for individuals on opioids, who have refractory comorbid psychiatric illness. The employee, in this case, did have comorbid depression. For all the stated reasons, the employee was a good candidate for the functional restoration program. **The request for a functional restoration program 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.