

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: 12/13/2013

[REDACTED]

[REDACTED]

Employee:	Mark Nelson
Claim Number:	CPFF-341889
Date of UR Decision:	7/30/2013
Date of Injury:	6/9/1991
IMR Application Received:	8/5/2013
MAXIMUS Case Number:	CM13-0006432

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Duragesic patches 50mcg #30 is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/5/2013 disputing the Utilization Review Denial dated 7/30/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/22/2013. 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 **Duragesic patches 50mcg #30** 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 Texas. 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 44 year old male who reported an injury on June 9, 1991 after performing physical exercise drills. The patient underwent L5-S1 fusion surgery in 2010. The patient had continued complaints of back pain with radicular symptoms in the S1 distribution. Physical findings included decreased sensation to light touch in the posterior calves bilaterally, with diminished deep tendon reflexes in the left ankle. The patient had a positive bilateral straight leg raising test with pain in the S1 distribution and limited lumbar range of motion secondary to pain. The patient's treatment plan included epidural steroid injections and medication management.

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 Duragesic patches 50mcg #30:

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 are a part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pages 44 and 78, which are a part of the MTUS.

Rationale for the Decision:

MTUS guidelines do not recommend this type of medication as a first line medication when using opioids in the management of chronic pain. A review of the records indicates that this employee does have ongoing low back pain. The clinical documentation submitted for review does not provide evidence that the employee has failed to respond to first line medications. Additionally, there is no evidence to support the need for continuous opioid analgesia. Also, MTUS guidelines recommend opioid usage in the ongoing management of chronic pain to be supported by an assessment of symptom response, an assessment of side effects, an assessment of functional benefit, and evidence of compliance to a prescribed medication schedule. The clinical documentation submitted for review does not provide any assessment of pain relief or resolution of symptoms as a response to this medication. There is no documentation of increased functional benefit as it is related to this medication. Additionally, there is no evidence of compliance to the prescribed medication schedule. **The request for duragesic patches 50 mcg #30 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

/dso

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.