

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Independent Medical Review Final Determination Letter

[REDACTED]

Dated: 12/17/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/25/2013
Date of Injury: 11/17/1993
IMR Application Received: 8/5/2013
MAXIMUS Case Number: CM13-0006604

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and Cardiology, has a subspecialty in Fellowship trained in Cardiovascular Disease 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 physician 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 disputed items/services.

DOCUMENTS REVIEWED

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)

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 63-year old patient reported a work related injury on 11/17/1993 when she was slammed against a concrete slab and kicked, especially left side, with injury to left thumb, wrist, shoulder, back, and neck pain. The patient is being seen at Center for Pain Management for complaint of wrist, arm, and shoulder pain on 04/30/2013. Provider continued Oxycodone 15mg and as needed and patient instructed not to exceed 9 tablets per day. The patient had a fall in 05/2013 which required an ORIF for a right tibia fracture. The patient continued with complaint of left thumb, back, wrist, shoulder, and neck pain on 07/22/2013. There was no change in medication regimen.

IMR DECISION(S) AND RATIONALE(S)

The Final Determination was based on decisions for the disputed items/services set forth below:

1. Retrospective request for Oxycodone 15mg #60 is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Opioids, pages 75, 79-80, which are part of the MTUS.

The Physician Reviewer's decision rationale:

The California MTUS guidelines recommend for continuing use of opioids (Oxycodone) returning the employee to work or if there is improved functioning and pain. The guidelines also recommend discontinuing of the opioid if there is no overall improvement in function; continuing

pain with the evidence of intolerable adverse effects; decrease in functioning; resolution of pain; if serious non-adherence is occurring; or the employee requests discontinuing. The clinical submitted only stated the employee's refusal to try change of Oxycodone from single acting to long acting and discussion of importance of trying medication reduction. There was no documentation of functional improvement or decline in relationship with the continued use of Oxycodone 15mg up to 9 per day. **The request for Oxycodone 15mg #60 is not medically necessary and appropriate.**

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.



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