

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

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



---

**Independent Medical Review Final Determination Letter**

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

December 26, 2013

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 7/15/2013  
Date of Injury: 9/20/2002  
IMR Application Received: 8/5/2013  
MAXIMUS Case Number: CM13-0006644

Dear Mr./Ms. [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: PARTIAL OVERTURN. This means we decided that some (but not all) 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 Anesthesiology, has a subspecialty in Pain Medicine and Acupuncture, and is licensed to practice in Maryland. 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:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

### CLINICAL CASE SUMMARY

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

53 y/o male injured worker who has been given a diagnosis of neck, shoulder, and arm pain.

8/16/13 patient was seen by provider, and was in withdrawal, and was advised to discontinue norco. Avinza had also been discontinued and replaced with MS Contin.

8/20/13 another UR was performed which certified norco, non-certified Opana, and certified a modified weaning dose of Klonopin. 8/29/13 patient was again seen by provider and decision to remain off Avinza and off Norco was again re-iterated. The diagnosis or treatment of anxiety was not documented. He noted a 60% improvement in pain with Opana, and this was re-iterated during his 9/17/13 note as well. While previously he had reported 10/10 pain, patient related 6/10 pain at that visit. Also description of 70% improvement in standing, sitting, lifting, and walking abilities attributed to the medications. Recent CURES report noted to be appropriate.

Another UR was performed on 9/27/13 and the determination was for non-certification for Opana and modified certification for a continued weaning dose for Klonopin.

### IMR DECISION(S) AND RATIONALE(S)

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

#### **1. Klonopin 2mg #112 is not medically necessary and appropriate.**

The Claims Administrator did not cite any evidence based criteria for its decision.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Benzodiazepines, page 24, which is part of the MTUS

The Physician Reviewer's decision rationale:

As noted above, no documentation of diagnosis or treatment of anxiety, nor documentation of why this medication is prescribed nor any assessment of its efficacy. Noted is a plan for the patient to see a behavioural health provider. MTUS citation above notes "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. **The request for Klonopin 2mg #112 is not medically necessary and appropriate.**

**2. Avinza 120mg capsule ER #56 is not medically necessary and appropriate.**

The Claims Administrator did not cite any evidence based criteria for its decision.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 24, which is part of the MTUS

The Physician Reviewer's decision rationale:

As noted above, this medication was discontinued by the provider and this was re-iterated on subsequent notes. As such there is no medical necessity for this medication at this time. **The request for Avinza 120mg capsule ER #56 is not medically necessary and appropriate.**

**3. Norco 10/325 #224 is not medically necessary and appropriate.**

The Claims Administrator did not cite any evidence based criteria for its decision.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Opiates, pages 78-80, which is part of the MTUS

The Physician Reviewer's decision rationale:

As noted above, this medication was discontinued by the provider and this was re-iterated on subsequent notes. As such there is no medical necessity for this medication at this time. **The request for Norco 10/325mg #224 is not medically necessary and appropriate.**

**4. Opana 10mg #84 is medically necessary and appropriate.**

The Claims Administrator did not cite any evidence based criteria for its decision.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Opiates, pages 78-80, which is part of the MTUS

The Physician Reviewer's decision rationale:

As noted above, there is documentation on multiple occasions of the efficacy of this medication for pain and functional activities as is required to be considered indicated per the MTUS citation above. The UR determinations recommend consideration of assessment of weaning of this medication, and the provider has indicated that they plan to pursue this when medication stabilization has been achieved. Of note, the patient recently went into opiate withdrawal and so the desire for assessment of weaning as delineated by the UR reviewers is not indicated at this

time. MTUS citation above also advises steps be taken to assess for risk with these medications. Overall opiate use has been reduced over the past year. Recent CURES report was noted to be appropriate and there is no documentation of any aberrant behavior. There is documentation of plan to have patient see a behavioral health provider. **The request for Opana 10mg #84 is 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.

[REDACTED]

CM13-0006644