

**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: 11/18/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/23/2013
Date of Injury:	8/22/1997
IMR Application Received:	8/6/2013
MAXIMUS Case Number:	CM13-0006805

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Kadian is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **MSIR is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **a new wheelchair is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/6/2013 disputing the Utilization Review Denial dated 7/23/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/6/2013. 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 **Kadian is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **MSIR is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **a new wheelchair 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 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:**

Patient is a 50-year-old female with a date of injury of August 22, 1997. Patient is using the realtor told years. Records indicate the patient is not a surgical candidate. She has continued low back pain and leg pain and hip pain. She has 10/10 pain without meds and 6/10 pain with meds. The patient had a lumbar fusion 10/31/2011. Provider indicated first line failure of PT, NSAIDs, and muscle relaxants. The provider stated to the UR physician he felt the patient was mentally and physiologically dependent on chronic opioids. He states the patient is able to walk and do ADLs with the medication. There are no issues of abuse or misuse of meds. The physician indicated that the patient should start a FRP with weaning of medication.

### **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 Kadian:**

Section of the Medical Treatment Utilization Schedule (MTUS) Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the California MTUS Chronic Pain Guidelines and the Official Disability Guidelines (ODG), Knee and Pain Chapters, which are not part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), Opioids section, which is part of the MTUS.

Rationale for the Decision:

The California MTUS chronic pain guidelines recommend continuation of opioids if they show increased function and reduction of pain. The medical records provided for review note that the employee has significant reduction of pain with the meds and has improved function. The provider states that the employee will begin an outpatient weaning program. The employee shows improvement in pain and function with the medication. **The request for Kadian is medically necessary and appropriate.**

**2) Regarding the request for MSIR:**

Section of the Medical Treatment Utilization Schedule (MTUS) Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the California MTUS Chronic Pain Guidelines and the Official Disability Guidelines (ODG), which is not part of MTUS: Knee and Pain and Formulary chapters.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines: Opioids.

Rationale for the Decision:

The California MTUS chronic pain guidelines recommend continuation of opioids if they show increased function and reduction of pain. The medical records provided for review note that the employee has significant reduction of pain with the meds and has improved function. The provider states that the employee will begin an outpatient weaning program. The employee shows improvement in pain and function with the medication. **The request for MSIR is medically necessary and appropriate.**

**3) Regarding the request for a a new wheelchair:**

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 California MTUS Chronic Pain Guidelines and the Official Disability Guidelines (ODG), which is not part of MTUS: Knee and Pain and Formulary chapters.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines: Powered mobility devices.

Rationale for the Decision:

The California MTUS chronic pain guidelines discuss the use of mobility devices. The guidelines encourage exercise, mobilization and independence in all steps of the injury recovery process. The medical records provided for review indicate the employee can ambulate with current treatment regimen and will be working toward a Functional Restoration Program (FRP). There is no indication the employee cannot use a walker or cane. There is no current indication for a new wheelchair. The guidelines recommend increasing mobility. **The request for a new wheelchair 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, 18<sup>th</sup> Floor  
Oakland, CA 94612

/reg

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.