
Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/19/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/30/2013
Date of Injury: 8/24/2013
IMR Application Received: 8/5/2013
MAXIMUS Case Number: CM13-0007576

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]
/MCC

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 Family Practice, 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:

- [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:

This is a 57-year-old female with a reported injury on 10/21/2004. The mechanism of injury is the patient developed low back pain during the course of her occupation as a court reporter. The patient is status post 2 back surgeries, with the most recent surgery being bilateral L4-5 laminectomy in 2008. The patient is also status post 3 epidural steroid injections, physical therapy, and medications without significant benefit. The most recent consult note from her pain management physician dated 01/15/2013 indicated the patient complained of right lower extremity pain with associated tingling, numbness, and weakness, as well as low back pain, and anxiety, depression, and frustration. At that time, the patient rated her pain at its worst of 10/10, least severe pain was rated 4/10, with usual pain score being 7/10. The patient did report her pain was improved with medications, resting, lying down, and massage. Examination revealed decreased muscle mass in the right lower extremity compared to the left, decreased lumbar spine range of motion, as well as diminished sensation over the distribution of L5 on the right. At that time, the patient asked to wean herself off the methadone over the following 3 weeks, as well as wean herself off the Soma. The patient was instructed to continue Percocet 10/325 four times a day. Urine drug screen submitted for review dated 01/14/2013 revealed negative results for the patient's prescribed medications, which was inconsistent. The most recent examination submitted by Dr. [REDACTED] dated 08/22/2013 revealed the patient complained of left leg pain, which was more pronounced since her previous visit. It was recommended at that time the patient undergo a trial of acupuncture, as well as being evaluated for a possible neuromuscular stimulator for pain control.

IMR DECISION(S) AND RATIONALE(S)

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

1. Percocet #150 10/325mg 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 section on Opioids, pages 78 and 92, which is part of the MTUS.

The Physician Reviewer's decision rationale:

MTUS Chronic Pain Guidelines state the analgesic dose is based on oxycodone content and should be administered every 4 to 6 hours as needed for pain. The Guidelines also state ongoing management for patients on chronic opioids should include monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The clinical information submitted for review indicated the employee was taking Percocet 10/325 four to 6 times a day, as well as methadone 5 mg 3 times a day. The evaluation dated 01/15/2013 indicated the employee reported that pain was improved with medications; however, pain relief in the form of a visual analogue scale (VAS) score, side effects, and improvement in activities of daily living, as well as any aberrant drug-taking behaviors were not provided in the documentation submitted for review to meet guideline criteria for continuation of this medication. The most recent urine drug screen provided for review, dated 01/14/2013, was not consistent with the employees prescribed medications, as the results were negative for the prescribed Percocet and methadone which does not support compliancy MTUS Chronic Pain Guidelines do not recommend a daily morphine equivalent dose of greater than 120. The employee is noted to be taking both Percocet and methadone and the employee's current daily MED exceeds the 120 recommendation. **The request for Percocet #150 10/325mg is not medically necessary and appropriate.**

2. Methadone #90 5mg 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 section on Opioids, pages 61, 78, 86, and 93, which is part of the MTUS.

The Physician Reviewer's decision rationale:

MTUS Chronic Pain Guidelines state methadone is recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. The Guidelines also state ongoing management for patients on chronic opioids should include monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The clinical information submitted for review indicates the employee reported pain was improved with medications; however, documentation did not include objective pain relief as noted in a VAS score, side effects, physical and psychosocial functioning, improvement in activities of daily

living, adverse side effects, and aberrant drug-taking behaviors to meet guideline criteria for continued use of this medication. The clinical note from 01/15/2013 indicated there were plans for the employee to be weaned off of the methadone; however, the clinical information did not reveal this had occurred or if it had been attempted. The most recent urine drug screen provided for review, dated 01/14/2013, was not consistent with the employee's prescribed medications, as the results were negative for the prescribed Percocet and methadone which does not support compliancy. MTUS Chronic Pain Guidelines also do not recommend exceeding daily Morphine Equivalent Dose (MED) of 120. The employee is taking Percocet, as well as methadone, and the employee's current daily MED exceeds the recommended 120. **The request for methadone 5 mg #90 is not medically necessary or 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]

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