

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/19/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/24/2013
Date of Injury:	10/6/1993
IMR Application Received:	8/13/2013
MAXIMUS Case Number:	CM13-0010392

- 1) MAXIMUS Federal Services, Inc. has determined the request for **pharmacy purchase of MS Contin 60mg qty #90 is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/13/2013 disputing the Utilization Review Denial dated 7/24/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/18/2013. 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 **pharmacy purchase of MS Contin 60mg qty #90** 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 Physical Medicine and Rehabilitation, 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:

The injured worker is a 67 year old female who initially injured herself pulling a box of supplies from a file cabinet on 10/6/1993. The most recent progress note submitted for review has date of service 7/11/13. There is documentation that the patient has ongoing low back pain, history of spinal fusion, and depression/anxiety. There is documentation of the fact that medication give the patient "at least 50% improvement with regards to her activities of daily living." She has a narcotic contract in place and no signs of abuse are noted. The patient has been compliant and "urine drug screens are appropriate."

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 pharmacy purchase of MS Contin 60mg qty #90:

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 CA MTUS-Opioids, which is a part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Criteria for the Use of Opioids, pg. 74-78, which is a part of the MTUS.

Rationale for the Decision:

The records reviewed in this case document that the employee has analgesic efficacy, some improvement in ability to perform activities of daily living, and no adverse effects of opioids. There are no signs of abuse, and there is documentation that "urine drug screens are appropriate" in the treatment section of the progress note dated 7/11/13. However, the dates of service of urine drug screens or result of urine drug screens are not indicated. Furthermore, monitoring for aberrant behaviors including use of the CURES database in California has not been done. Therefore, the CA MTUS guideline of monitoring for aberrant behavior has not been fulfilled. **The request for pharmacy purchase of MS Contin 60mg qty #90 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

/pr

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.