

Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/24/2013

IMR Case Number:	CM13-0010418	Date of Injury:	3/11/2009
Claims Number:	[REDACTED]	UR Denial Date:	7/12/2013
Priority:	Standard	Application Received:	8/13/2013
Employee Name:	[REDACTED]		
Provider Name:	[REDACTED]		
Treatment(s) in Dispute Listed on IMR Application:	Compound medication, Oxycodone/APAP and Etodolac		

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 is licensed to practice in New York. 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, employee/employee representative, Provider)
- 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:

The claimant is a 64 yo former truck driver who is status post injury on 03/11/09. The patient is status post multiple surgeries, most recently in 12/2011 with lack of optimal post-operative improvement. The patient has completed 36 visits of post-operative physical therapy. He underwent an anterior spinal fusion at L5-S1 on 12/08/11. He is maintained on medical therapy with Percocet 10/325mg, Valium 5mg, and Soma 350mg. He is also status post epidural steroid injection therapy. He continues with lumbosacral spine tenderness and muscle spasm with restrictions to flexion and extension secondary to pain. His treating provider has requested medical therapy with Oxycodone/APAP, a compounded medication, Ibuprofen and Etodolac.

IMR DECISION(S) AND RATIONALE(S)

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

1. compound medication is not medically necessary and appropriate.

The Claims Administrator based its decision on the CA MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), pages 111-113, which are part of the MTUS.

The Physician Reviewer's decision rationale:

There is no documentation provided necessitating use of the requested topical medication. Per California MTUS Guidelines topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, alpha-adrenergic receptor agonist, adenosine,

cannabinoids, cholinergic receptor agonists, γ agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor) Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case the names and doses of the medications in the compounded topical medication have not been specified. The requested treatment is not medically necessary.

2. Oxycodone/APAP is not medically necessary and appropriate.

The Claims Administrator based its decision on the CA MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), pages 91-97, which are part of the MTUS.

The Physician Reviewer's decision rationale:

The documentation indicates the enrollee has been treated with Oxycodone/APAP. Per California MTUS Guidelines, Percocet is a brand name of oxycodone and acetaminophen. Short-acting opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. The treatment of chronic pain with these agents requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. Per the medical documentation there has been no documentation of the medications pain relief effectiveness and no clear documentation that he has responded to opioid therapy. According to the California MTUS Guidelines there has to be certain criteria followed including an ongoing review and documentation of pain relief and functional status. This does not appear to have occurred with this patient. The requested treatment is not medically necessary.

3. Etodolac is not medically necessary and appropriate.

The Claims Administrator based its decision on the CA MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), page 70, which is part of the MTUS, and Medscape Internal Medicine – Treatment of Low Back Pain 2012, which is not part of the MTUS.

The Physician Reviewer's decision rationale:

There is no documentation provided indicating treatment with Etodolac. Etodolac is a nonsteroidal anti-inflammatory medication used to treat pain or inflammation. The documentation does not establish why the patient needs to be on two non-steroidal antiinflammatory medications. Medical necessity is not established for Etodolac.

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]

CM13-0010418