

**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: 12/4/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/9/2013
Date of Injury:	5/9/2008
IMR Application Received:	8/13/2013
MAXIMUS Case Number:	CM13-0010534

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Hydrocodone 5/500mg 1 refill 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 7/9/2013. 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 **Hydrocodone 5/500mg 1 refill** 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:**

All medical, insurance, and administrative records provided were reviewed.

The applicant is a represented former [REDACTED], Incorporated employee who has filed a claim for chronic low back, mid back, and neck pain with reactive depression reportedly associated with an industrial injury of May 9, 2008.

Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; psychotropic medications; and extensive periods of time off of work.

The applicant has apparently declared bankruptcy, it is further noted.

In a utilization review report of July 9, 2013, the claims administrator denied a request for hydrocodone 5/500 with one refill.

A September 16, 2013 note is notable for comments that the applicant cannot get her medications refilled and reports 7 to 8/10 pain. She is on Desyrel, Prozac, and Effexor for pain, depression, and insomnia. In an earlier report of June 17, 2013, it is stated that the applicant reports 7/10 pain and that "nothing seems to help much." The applicant is nevertheless given a refill of Vicodin 5/500, #20 with one refill. It is stated in one section that the applicant is being given Vicodin 5/500 and then stated that the applicant is being given hydrocodone 7.5/325, making it difficult to discern exactly which dosage of the medications the applicant is receiving.

### **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 Hydrocodone 5/500mg 1 refill:**

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

The Claims Administrator based their decision on the Chronic Pain Medical Treatment Guideline, Criteria for the use of Opioids, page 76-80, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, On-going Management, page 78, When to Continue Opioids, page 80, which is part of the MTUS.

#### Rationale for the Decision:

As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, criteria for continuation of opioids include evidence of successful return to work, improved functioning, and/or reduced pain effected through ongoing usage of opioids. However, upon review of the submitted medical records the employee seemingly meets none of the aforementioned criteria. There is no evidence of any reduction in pain through ongoing usage of opioids, no evidence that the employee has returned to work, and no evidence of improved functioning. The fact that a functional restoration program/chronic pain program is being considered implies the previous means of treating chronic pain, including Vicodin 5/500, has been unsuccessful. It is further noted that page 78 of the MTUS Chronic Pain Medical Treatment Guidelines suggest that there should be ongoing review in documentation of pain relief, functional status, appropriate medication use and side effects with those applicants using opioids chronically. In this case, however, the attending provider did not discuss or mention any of the aforementioned issues and, furthermore did not clearly state the exact dosage of hydrocodone that the employee is using. **The request for Hydrocodone 5/500mg 1 refill**

**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

/cm

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.