

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
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Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/18/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 8/5/2013
Date of Injury: 4/11/2009
IMR Application Received: 8/14/2013
MAXIMUS Case Number: CM13-0010579

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: PARTIAL OVERTURN. This means we decided that some (but not all) 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 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:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- 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:

This is a 47 year old female who sustained a work injury on 4/11/2009. While working as a housekeeper in a hotel she was standing on a chair dusting a television which was high up, the chair broke and she fell landing on her right side. Per notes provided patient has undergone a variety of treatments including medication, physical therapy, chiropractor therapy, carpal tunnel release, cortisone injection and shockwave therapy. The relevant diagnosis to this case includes: s/p right carpal tunnel release on 4/16/2013, chronic right ankle sprain with achilles tendinitis and plantar fasciitis, right shoulder periscapular strain with myofascial pain syndrome. Notes specify that patient has right upper and lower extremity symptoms, specifically, right wrist tendon pain on grasping and gripping, right ankle pain and buckling with prolonged standing and walking with a clicking sound and edema, and right shoulder pain with radiation to the neck, constant and achy aggravated with pushing, pulling, lifting, carrying. Objective weakness slightly in the right arm. MRI of the right ankle done on 6/18/2013 shows degenerative changes of the talonavicular joint and tenosynovitis of the posterior tibialis tendon and minimal tenosynovitis of the peroneus brevis and longus tendon. Per notes specify that patient's pain is temporarily relieved with Tylenol #3. The relevant clinical issue is whether Tylenol #3 #60 30/300mg and Anaprox DS 550mg #60 is medically necessary.

IMR DECISION(S) AND RATIONALE(S)

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

1. Tylenol #3 30/300mg #60 is 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, pages 78, 80, 81, & 92, which is part of the MTUS.

The Physician Reviewer's decision rationale:

After careful review of the medical records and documentation provided to me there is evidence that the employee does get some benefit from use of Tylenol #3. It is documented that the employee's pain is temporarily controlled with use of Tylenol #3. Per criteria, opioids are efficacious for short term use and long term use is unclear. In addition guidelines do state that failure to respond to opioids should be a cause of reassessment of its use. However the employee's use of this medication has provided some relief per documentation. **The request for Tylenol #3 30/300mg #60 is medically necessary and appropriate.**

2. Anaprox DS 550mg #60 is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, NSAIDs, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pages 22 and 67-68, which is part of the MTUS.

The Physician Reviewer's decision rationale:

After careful review of the medical records and documentation provided for review, Anaprox is not recommended in this case since the employee is on Tylenol #3 with documented relief of pain and there is no evidence that Anaprox DS has any role in pain relief or functionality in this employee. Specifically it is not documented that this medication has been or is effective in this case. **The request for Anaprox DS 550mg #60 is not medically necessary and 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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