

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: **12/18/2013**

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 8/6/2013
Date of Injury: 6/25/2006
IMR Application Received: 8/14/2013
MAXIMUS Case Number: CM13-0010678

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Oxycodone HCL 15mg, three times a day, quantity 90 for 30 days** is not medically necessary and appropriate.

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/14/2013 disputing the Utilization Review Denial dated 8/6/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/23/2013. 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 **Oxycodone HCL 15mg, three times a day, quantity 90 for 30 days** 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 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 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 patient is a 45-year-old female who worked full-time as a prep cook for [REDACTED] since March of 2006. She last worked January 1, 2009. Patient reports that on June 25, 2006, while pulling out an oven rack, she felt a right anterior chest pain, followed by trouble breathing and talking. She was evaluated by her treating physician who determined that she had suffered a right complete rotator cuff tear as well as a labral tear. She underwent a considerable amount of physical therapy without benefit. On January 29, 2009, she was taken to the operating room for an apparent rotator cuff and labral repair, which was followed by a post-operative physical therapy. She was evaluated at [REDACTED] hospitals for possible thoracic outlet syndrome. Duplex Doppler studies performed at [REDACTED] demonstrated complete obliteration of her wave forms in the hyper abducted position. Magnetic resonance neurogram performed at [REDACTED] hospital on March 3, 2011 demonstrated a venous varix near the insertion of the anterior scalene muscle on the right side of the first rib. CT Scan of the cervical spine was unremarkable. She continues to treat with Dr [REDACTED]. She was maintained on Oxycontin, Soma and Voltaren gel. She was evaluated by Dr [REDACTED], who felt that she might have complex regional pain syndrome as well as depression, and functional restoration program was recommended. She was evaluated by Dr [REDACTED] on October 5, 2011 for bilateral shoulder pain. She reported a flare up of her pain symptoms after physical therapy to Dr [REDACTED] on January 18, 2012. At issue is whether continuous use of Oxycodone HCL 15mg three times a day, quantity 90 for 30 days is medically necessary and 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:

- [REDACTED]

- [REDACTED]
- [REDACTED]
- [REDACTED]

1) **Regarding the request for Oxycodone HCL 15mg, three times a day, quantity 90 for 30 days:**

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 Chronic Pain Medical Treatment Guidelines, page 92, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines: Opioid for chronic pain, page 80, which is part of the MTUS.

Rationale for the Decision:

According to the MTUS Chronic Pain Management Guidelines suggest the following:

- A trial of opioids as a first step in treatment, and the steps involved are outlined in the Criteria for Use of Opioids. The trial includes an initiation phase that involves selection of the opioid and initial dose.

- There is then a titration phase that includes dose adjustment. At this phase it may be determined that opioids are not achieving the desired outcomes, and they should be discontinued.

- The final stage is the maintenance phase. If pain worsens during this phase the differential to evaluate includes disease progression, increased activity, and/or new or increased pre-existing psychosocial factors that influence pain. In addition, the patient may develop hyperalgesia, tolerance, dependence or actual addiction.

The medical records provided show no evidence that the employee's pain symptoms have improved on current opioid therapy to support this request. **The request for Oxycodone HCL 15mg, three times a day, quantity 90 for 30 days is not medically necessary .**

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

/js

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.