
Independent Medical Review Final Determination Letter

[REDACTED]

Dated: 12/18/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/31/2013
Date of Injury: 12/8/2008
IMR Application Received: 8/16/2013
MAXIMUS Case Number: CM13-0011740

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]
dso

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 the Claims Administrator and the 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:

This patient is a 42 year old male who reported an injury on 12/08/2008. Also, there is noted continuous trauma from dates of 03/11/2008 to 12/16/2008. Medications currently prescribed to the patient include Neurontin 300 mg, Percocet 10/325 mg, Colace 100 mg, and Lidoderm patches 5%. Surgical history of the patient was positive for a laminectomy and microdiscectomy at L4-5 which was completed on 03/04/2009. Diagnostic studies are indicated as an MRI of the lumbar spine completed on 08/14/2013, indicating (1) postsurgical changes from prior L4-5 discectomy and right hemilaminectomy; (2) marked disc desiccation and height loss of the L4-5 intervertebral disc with slight increased fluid signal in the disc and endplate edema and indication that findings may represent degenerative change; (3) also, there was evidence of a 6 mm to 7 mm broad-based disc osteophyte complex at L4-5 with mild mass effect on the traversing L5 nerve roots in the lateral recess and causing moderate bilateral neural foraminal stenosis. Other therapies for the patient have included medication management, psychiatric treatment due to depression, and activity modification as well as formal physical therapy for an unknown number of sessions and education in a home exercise program.

IMR DECISION(S) AND RATIONALE(S)

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

1. Colace 200mg #60 is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, page 77, which is a part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 77, which is a part of the MTUS.

The Physician Reviewer's decision rationale: Per California MTUS Guidelines, those patients undergoing the initiation of opioid therapy are recommended also to undergo prophylactic treatment for constipation. The medical records submitted for review indicate that the employee reports irregular bowel movements in the form of constipation. Also noted is that the employee is currently prescribed Percocet. However, while the guidelines support the recommendation for prophylactic treatment of constipation for patients on opioid therapy, the documentation submitted for review indicates that the employee is currently prescribed Colace at 100 mg and the current request is for Colace at 200 mg. However, there is a lack of documentation in the most recent clinical notes of 9/04/2013 to indicate a clear clinical rationale as to the increase in the employee's dosage of Colace. Without further clarification, the request for Colace at 200 mg versus the already prescribed 100 mg is not supported. **The request for Colace 200mg #60 is not medically necessary and appropriate.**

2. Percocet 10/325mg #90 is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, page 92, which is a part of the MTUS..

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pages 78 and 92, which are a part of the MTUS.

The Physician Reviewer's decision rationale: The California MTUS Guidelines indicate that Percocet is a short acting opioid administered every 4 hours to 6 hours typically as needed for pain. The clinical notes submitted for review indicate that the employee is currently prescribed Percocet 10/325 mg for use 3 times to 4 times daily as needed for pain. Notes indicate that, as a part of the employee's treatment regimen, along with Neurontin 300 mg and Lidoderm 5% patches, the employee is afforded approximately 40% of symptomatic relief. However, the guidelines further recommend the 4 A's for monitoring of patients on ongoing therapy with opioid analgesics, and that the 4 domains for monitoring include effective analgesia, activities of daily living, adverse side effects of the medication, and aberrant drug-taking behaviors. The documentation submitted for review fails to detail the length of time for which the employee has been prescribed Percocet. While the notes indicate that the employee achieves 40% symptomatic relief with Percocet as a part of a treatment regimen, there is no clear indication of quantified pain relief with the use, specifically of Percocet. Furthermore, there is a lack of documentation indicating the employee's improved ability to undertake activities of daily living with the use of Percocet. Likewise, there is a lack of documentation indicating that aberrant drug related behaviors or adverse side effects of the medication have been sufficiently addressed to support the continued use of Percocet. **The request for Percocet 10/325mg #90 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.



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