

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/24/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 8/12/2013
Date of Injury: 7/23/2012
IMR Application Received: 8/12/2013
MAXIMUS Case Number: CM13-0013290

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]
[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 Family Practice and is licensed to practice in California and Texas. 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:

The patient is a 32-year-old male who reported a work related injury on 07/23/2012. The patient was reportedly moving shelves when they fall on top of his head. The patient's diagnoses are cervical sprain, concussion with brief coma lasting 30 minutes or less, ulnar nerve lesion and headache. The patient also has intermittent vertigo and intermittent paresthesias from the left shoulder radiating to the wrist or lower forearm. He has undergone physical therapy treatment for his neck and back. The patient's medications were noted as ProAir, sertraline, Seroquel, Vicodin, and Soma. The patient is also diagnosed with clinical depression, post concussive syndrome, chronic pain syndrome, and a sleep disorder.

IMR DECISION(S) AND RATIONALE(S)

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

1. Vicodin ES 1 7.5/750 mg #60 is not 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, Opioids Section, pages 74-78, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The clinical note dated 04/01/2013 stated the employee's cervical and shoulder pain were improving and he was slightly better in terms of headaches. The employee stated he took Vicodin perhaps 1 a day or every other day and requested a refill.

According to the neurologic consultation dated 04/15/2013, the employee reported ongoing difficulty with memory and concentration, tinnitus of both ears, and dizziness. The employee

also reported frequent headaches described as 6/10 as both tension and vascular in type, and frequent neck pain described as a 5/10 to 7/10. The employee reported occasional pain of the bilateral shoulders and occasional pain of the left arm and the employee also reported occasional pain of the upper back, low back, occasional numbness and tingling of the left arm, and constant weakness of the left arm. The employee reported difficulty with sleep due to depression. Examination revealed full motor force throughout with no evidence of weakness, wasting, or fasciculations. The employee showed diminished sensation over the left forearm and left hand with deep tendon reflexes noted as trace to 1+. Babinski's reflexes were absent and the employee had a normal gait. CT scans of the brain and cervical spine dated 07/23/2012 revealed normal findings. Clinical note dated 07/30/2013 noted the employee complained of poor memory and stated he was doing better emotionally. Shoulder soreness and neck discomfort was gradually improving. California Chronic Pain Medical Treatment Guidelines state that ongoing recommendation and documentation of pain relief, functional status, and appropriate medication use, and side effects should be noted for patients on opioids. Per submitted clinical documentation, there was no evidence noted of significant functional benefits to the patient due to the use of Vicodin. There was no documentation noted of a pain assessment for the employee, which should note the employee's pain level before and after taking the pain medication. Documentation should note that the opioids are resulting in a substantial analgesic effect. In addition, there is a lack of documentation noting that there has been a screening for the employee for any aberrant behavior. **The request for Vicodin ES 1 7.5/750 mg #60 is not medically necessary and appropriate.**

/JR

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]

CM13-0013290