

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/31/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 8/8/2013
Date of Injury: 11/21/2001
IMR Application Received: 8/20/2013
MAXIMUS Case Number: CM13-0013949

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: OVERTURN. This means we decided that 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 Psychiatry 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:

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

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the clinical documentation, the patient is a 60-year old individual who sustained an injury on 11/21/01 from a slip and fall. According to the Primary Treating Physician's progress report dated 9/05/13 by Dr. [REDACTED] the patient presented with complaints of low back pain rated at 7-8/10 and 3/10 with medications. The patient would like to go off the narcotics. The patient was prescribed OxyContin 20 mg three times a day; MSContin 30 mg three times a day; Lyrica 75 mg twice a day; and Cymbalta. Objective findings showed the patient can walk few steps on heels and toes with difficulty. Reflex of the lower extremity was trace. Strength was 4/5 bilaterally. The treating physician recommended an inpatient detoxification program. The patient wanted to be off of all the narcotics and wanted assistance. A urine drug screen will be scheduled and the patient was advised to see physician in a month. According to the case summary, the patient had diabetes, hypertension, hyperlipidemia, depression and hypogonadism. The patient was diagnosed with low back pain status post L5-S1 fusion in 2002, 2003; and L4-L5 fusion on 10/16/12. This is a review for medical necessity of the requested inpatient detox program.

IMR DECISION(S) AND RATIONALE(S)

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

1. The narcotic detoxification and rehabilitation program is medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, page 98, which is a part of the MTUS, and the Official Disability Guidelines (ODG) Pain Chapter, which is not a part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pages 34 and 42, which are a part of the MTUS.

The Physician Reviewer's decision rationale:

The employee has been on large amounts of opiate pain medication for a very long period of time. According to the MTUS chronic pain guidelines, a patient should not be on more than 120 morphine equivalents. This employee was on about 180 morphine equivalents. Further, the opiates were becoming far less effective over time and the employee wanted to be off opiates altogether. The MTUS guidelines indicate that opiate detoxification is indicated if there is a lack of response, which there was in this case. **The narcotic detox and rehabilitation program is medically necessary and appropriate.**

/dso

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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