

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review  
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**Independent Medical Review Final Determination Letter**

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

Dated: 12/18/2013

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 7/23/2013  
Date of Injury: 10/29/1999  
IMR Application Received: 8/20/2013  
MAXIMUS Case Number: CM13-0014289

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]

## 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
- 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 53-year-old male who reported a work-related injury on 10/29/1999, specific mechanism of injury not stated. The patient presents with diagnoses of multiple sclerosis and chronic low back pain with radiation to bilateral lower extremities. The clinical note dated 06/25/2013 reports the patient was seen under the care of [REDACTED], NP. The provider documents the patient's current medication regimen is baclofen 10 mg 1 by mouth every 6 hours, calcium, Copaxone 20 mg/mL subcutaneous, cyclobenzaprine 10 mg, Colace 100 mg 1 by mouth 4 times a day, finasteride 5 mg, gabapentin 100 mg 2 capsules by mouth 3 times a day, garlic 200 mg, oxybutynin chloride ER 10 mg, senna S 8.6/50 mg take 3 to 4 tablets by mouth every day, tamsulosin 0.4 mg, Tasigna 200 mg, vitamin B12, and vitamin C. The provider documented upon physical exam of the patient tenderness was noted about the L3 through S1 lumbar spine. The provider documented the patient had bilateral muscle spasms, flexion was restricted and painful. The provider documented the patient was wheelchair bound. The patient had pitting edema of the bilateral lower extremities. The provider documented the patient's neurological exam revealed no decrease in sensation. The provider administered the following prescriptions: gabapentin 800 mg 1 tab by mouth 3 times a day; oxycodone 5 mg 1 tab by mouth every 8 hours; and OxyContin 40 mg ER 1 tab by mouth every 8 hours. A follow-up clinical note dated 07/23/2013 reports the patient was seen in clinic under the care of Dr. [REDACTED]. The provider documents the patient has been sleeping maybe 2 to 3 hours at bedtime for the last few weeks. The patient reports he has not been getting out of bed due to increased pain. The provider documented upon physical exam of the patient range of motion of the lumbar spine was restricted and painful. The provider documented the patient had not been utilizing OxyContin for about 2 and 1/2 weeks and is doing okay from a withdrawal point of view, but is reporting increasing pain and is not sleeping well. The provider documents the patient utilizes gabapentin at 800 mg 3 times a day to help with his radicular symptoms and also with his pain from MS. The clinical note dated 08/20/2013 reports the patient's activity has decreased significantly. The provider

documented the patient was to continue with utilization of his medication to include gabapentin, oxycodone, and OxyContin.

### **IMR DECISION(S) AND RATIONALE(S)**

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

#### **1. Oxycontin 40 mg ER #90 between 6/25/2013 and 9/15/2013 is not medically necessary and appropriate.**

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

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pg. 78, Ongoing management and pg. 92, Oxycodone, which is a part of the MTUS.

The Physician Reviewer's decision rationale:

A review of the records indicates that the current request previously received an adverse determination as the clinical notes lacked evidence of the employee exhibiting improved pain levels and functional improvement. Weaning has been recommended on multiple occasions for the employee's current medication regimen. CA-MTUS states "4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors)." There was no additional submission of clinical notes past the clinical note dated 08/20/2013, so it is unclear the employee's true efficacy of this medication regimen. **The request for Oxycontin 40 mg ER #90 between 6/25/2013 and 9/15/2013 is not medically necessary and appropriate.**

#### **2. Oxycodone HCL 5 mg between 6/25/2013 and 9/15/2013 is not medically necessary and appropriate.**

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

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pg. 78, Ongoing management and pg. 92, Oxycodone, which is a part of the MTUS.

The Physician Reviewer's decision rationale:

A review of the records indicates that the current request previously received an adverse determination due to a lack of objective functional improvement and a decrease in the employee's rate of pain on a VAS scale to support continued utilization of this medication. The employee has been recommended to begin weaning of the multiple opioids for some time as far back as 12/2012. The clinical notes failed to evidence the employee utilizing other active treatment modalities for the chronic pain complaints. CA-MTUS states "4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the "4

A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors)." **The request for Oxycodone HCL 5 mg between 6/25/2013 and 9/15/2013 is not medically necessary and appropriate.**

**3. Gabapentin 800 mg is not medically necessary and appropriate.**

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

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pg 16, Antiepilepsy drugs (AEDs), which is a part of the MTUS.

The Physician Reviewer's decision rationale:

A review of the records indicates that the current request previously received an adverse determination as the clinical documentation failed to evidence the employee's pain was controlled, there was no indication the employee had shown at least 30% reduction in pain. Additionally, the clinical notes failed to evidence the employee presenting with any neurological deficits upon physical exam to support utilization of a neuropathic pain medication. California MTUS indicates, "Gabapentin is an anti-epilepsy drug which has been shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." **The request for Gabapentin 800 mg 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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