

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/18/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/31/2013
Date of Injury: 3/5/2008
IMR Application Received: 8/20/2013
MAXIMUS Case Number: CM13-0014291

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 Anesthesiology 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 44-year-old female who reported a work-related injury on 03/05/2008; specific mechanism of injury was not stated. The patient presents for treatment of the following diagnoses: cervical spine sprain/strain syndrome, cervical radiculopathy secondary to trauma to the cervical spine secondary to cervical epidural steroid injection, cervical arthropathy c0-C1 and C1-2 right side, occipital neuralgia, post concussion syndrome, lumbar spine sprain/strain syndrome, skin pigmentation secondary to medications deferred, dental disruption and possible xerostomia deferred, high blood pressure secondary to pain and anxiety, depression and anxiety, chronic fatigue syndrome, sexual dysfunction with decreasing libido, and insomnia. The clinical note dated 08/28/2013, signed by Dr. [REDACTED] revealed the patient presented for follow-up of her chronic pain complaints. The patient reports constant pain to the neck and bilateral shoulders. The patient reports pain radiates to the forearm, hand, and fingers to the right side. The provider documents the patient continues to complain of lack of sleep, which causes her to be unable to perform her activities of daily living. The provider documents the patient reports her pain to be at 10+/10 on average. The provider documents the patient states she has been close to being completely immobile. The patient has been unable to bathe/shower secondary to her pain and immobility. The provider documents on the last urine toxicity the patient tested positive for oxycodone, which is not a part of the patient's medication regimen. The provider states the patient received refills of the following medications: Xanax 1 mg 1 by mouth 3 times a day, Soma 350 mg 1 by mouth 3 times a day, Ambien CR 12.5 mg 2 tabs by mouth at bedtime, Lexapro 10 mg 1 tab by mouth every day, Ultram ER 300 mg 1 tab by mouth every day, Gralise 600 mg 3 tabs with evening meal, Motrin 800 mg 1 tab by mouth 3 times a day, Prilosec 20 mg 1 tab by mouth twice a day, Diovan 160/12.5 one tab by mouth every day, and Norco 10/325 one tab by mouth twice a day #60.

IMR DECISION(S) AND RATIONALE(S)

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

1. Butrans patch 10mcg is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, pgs 26-27, which is a part of the MTUS and on 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 Treatment Guidelines pg. 78, on-going management, which is a part of the MTUS.

The Physician Reviewer's decision rationale:

The current request previously received an adverse determination due to Butrans is supported for the management of moderate to severe chronic pain in patients requiring continuous, around-the-clock opioid analgesic for an extended period with a black box warning identifying that buprenorphine patches are linked to a risk for misuse, abuse, and diversion, particularly in patients with a history of substance abuse or mental illness. A review of the records indicates the employee has had poor efficacy noted with the current pain medication regimen rated at 10/10. It is unclear if the employee was utilizing the Butrans patch at the date of the last clinical note in 08/2013. Furthermore, the clinical notes document the employee has had inconsistencies with urine drug screenings, as this reviewer noted 2 inconsistencies with urine drug screens. 1 was performed in 08/2013, which revealed evidence of oxycodone, which is not a part of the employee's medication regimen. Another urine drug screen performed in 02/2013, which failed to evidence hydrocodone, which is a part of the employee's medication regimen. Additionally, California MTUS indicates, "4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychological/psychosocial functioning, and the appearance of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities in daily living, adverse side effects, and aberrant drug-taking behavior). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." **The request for Butrans patch 10 mcg is not medically necessary and appropriate.**

2. Norco 10/325 is not medically necessary and appropriate.

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

The Physician Reviewer based his/her decision on the Chronic Pain Treatment Guidelines pg. 78, on-going management, which is a part of the MTUS.

The Physician Reviewer's decision rationale:

California MTUS indicates, "4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychological/psychosocial functioning, and the appearance of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities in daily living, adverse side effects, and aberrant drug-taking behavior). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." A review of the records indicates that the employee presents with complaints of pain rated at 10/10. Therefore,

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the employee's current medication regimen is questionable as far as efficacy. In addition, the employee has had 2 recent inconsistencies via urine drug screening, evidencing aberrant behavior. **The request for Norco 10/325 is not medically necessary or 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]