

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]

Dated: 12/18/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/31/2013
Date of Injury: 2/9/2010
IMR Application Received: 8/22/2013
MAXIMUS Case Number: CM13-0014810

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: PARTIAL OVERTURN. This means we decided that some (but not 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma 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, employee/employee representative, 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:

The patient is a 47-year-old female who reported injury on 02/09/2010. The patient has a history of neck pain radiating into the bilateral upper extremities and associated headaches. The patient has also been diagnosed with chronic pain syndrome. The patient is noted to have physical exam findings of tenderness and spasms in the cervical paraspinal musculature with positive compression test on the left and decreased sensation in the left upper extremity. The patient also has positive impingement and tenderness in the left shoulder. The patient is being recommended for a pain consultation for epidural steroid injection. The provider reported the patient had been on Norco for multiple months which was allowing her to perform her job functions within permanent restrictions and reducing pain. It was reported that the patient had undergone multiple urine drug screens without any evidence of unauthorized use of illicit substances. The provider reported the patient was using cyclobenzaprine for fibromyalgia.

IMR DECISION(S) AND RATIONALE(S)

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

1. One (1) pain management consultation is medically necessary and appropriate.

The Claims Administrator did not cite any evidence based criteria for its decision.

The Physician Reviewer based his/her decision on the Cornerstones of Disability Prevention and Management (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 5) pg 92, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The MTUS/ACOEM Guidelines indicate that referrals are appropriate if the practitioner is uncomfortable with the line of inquiry or with treating a particular case of delayed recovery. The medical records provided for review indicate that the employee is being recommended for a pain management consultation for cervical epidural steroid injection. The medical records also indicate that the magnetic resonance imaging (MRI) showed the employee have disease in the neck with disc bulge and neural foraminal stenosis, and also had neurological deficits in the left arm. The employee has been unresponsive to conservative measures to date including medications. **The request for one (1) pain management consultation is medically necessary and appropriate.**

2. Sixty (60) Vicodin 5/500 mg (through Express Scripts) is medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, 4/27/2007, page 56. The Claims Administrator also cited the California Medical Treatment Guidelines for Chronic Pain (May 2009), Opioids, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Opioids, pages 76-78, and 91, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The Chronic Pain Guidelines recommend documentation of the "4 A's" which include pain relief, increased function, lack of adverse side effects, and lack of aberrant drug seeking behaviors, prior to continuing with opioids such as Vicodin. The medical records provided for review indicate that Vicodin has allowed the employee to perform job functions and has decreased the pain. The medical records also indicate that the employee has also undergone urine drug screens that have been consistent, and that the employee is only utilizing Norco twice a day. **The request for sixty (60) Vicodin 5/500 mg (through Express Scripts) is medically necessary and appropriate.**

3. Sixty (60) Fexmid 7.5 mg (through Express Scripts) is not medically necessary and appropriate.

The Claims Administrator based its decision on the California Medical Treatment Guidelines for Chronic Pain (May 2009), which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine, pages 41-42, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The Chronic Pain Guidelines do not recommend the long-term use of muscle relaxants. The medical records provided for review indicate the employee has been taking Fexmid since 03/2013. Therefore, continued use of this muscle relaxant would exceed guideline recommendations. **The request for sixty (60) Fexmid 7.5 mg (through Express Scripts) is not medically necessary and appropriate.**

/sh

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]

CM13-0014810