

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/11/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/15/2013
Date of Injury:	7/28/1999
IMR Application Received:	8/22/2013
MAXIMUS Case Number:	CM13-0015251

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Opana IR 10mg #240 is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Requip 0.5mg prn is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/22/2013 disputing the Utilization Review Denial dated 8/15/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/11/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Opana IR 10mg #240 is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Requip 0.5mg prn is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation 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 Expert 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 treatments and/or services at issue.

Expert Reviewer Case Summary:

The employee is disputing the 8/15/13 Utilization Review (UR) decision. The 8/15/13 UR letter approved fentanyl patches and Bupropion, but denied Requip and modified Opana IR. The patient is a 57 year old, 5'5", 144 lbs, female who injured her back on 7/28/1999 from a trip and fall. She underwent L4-S1 fusion in 2000, then L3-L4 fusion in 2006 and had a 3rd lumbar surgery on 4/5/2011. She is currently diagnosed with lumbar post-laminectomy syndrome, left radiculopathy, L4, L5 and S1, thoracic disc protrusion. Epidural fibrosis and battered nerve root syndrome left L4,5,S1. Deconditioning, depression and anxiety, s/p L3-S1 fusion. She has intractable pain and was stable on Opana IR 10mg; Soma 350mg, valium 10mg, Wellbutrin 75mg; fentanyl patch 100mcg for over a year. [REDACTED] wanted to try Requip on 7/29/13 for the night time cramps in the bilateral calves, but the UR denied this on 8/15/13.

Documents Reviewed for Determination:

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 Treatment Utilization Schedule (MTUS)
- Medical Records from:
 - Claims Administrator
 - Employee/Employee Representative
 - Provider

1) Regarding the request for Opana IR 10mg #240:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines page 93, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Section on Long-Term Opioid Use pages 88-89, which is part of the MTUS.

Rationale for the Decision:

The MTUS Chronic Pain guidelines state a patient's pain should be assessed each visit and a patient's functional improvement should be measured at 6-month intervals with numeric scales or validated instrument. This information was available for this IMR in the medical records provided for review. According to the pain management physician's 10/2/13 report, the employee has been stable with the use of Opana IR 10mg 2 tabs every six hours for over a year. The medication helps to bring the employee's pain levels down 40% and allows the employee to do essential activities of daily living. The employee has failed oral extended release medications including OxyContin, MS Contin and Opana ER and Exaglo due to peptic ulcers. The physician states the employee has severe 10/10 pain and would have significant decline in function without medications. The physician is monitoring for misuse and aberrant behavior and confirms that the random drug screens have been consistent. The use of Opana IR appears consistent with the MTUS Chronic Pain guidelines for long-term users of opioids. **The request for Opana IR 10mg #240 is medically necessary and appropriate.**

2) Regarding the request for Requip 0.5mg prn:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Official Disability Guidelines section on Knee and Leg, which is not part of the MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the Official Disability Guidelines, which is not part of the MTUS.

Rationale for the Decision:

Requip is a dopamine agonist and is only FDA approved for restless leg syndrome and Parkinson's Disease. There is no mention of restless leg syndrome in the medical records provided for review. The employee does not meet the Official Disability Guidelines (ODG) criteria for restless leg syndrome. Requip was requested on the 7/29/13 report for the employee's "intermittent severe bilateral calf cramping occurring in the middle of the night". Requip does

not appear to be FDA approved for leg cramps. The physician did not discuss this further on the 10/2/13 appeal. **The request for Requip 0.5mg prn is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/MCC

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.