

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/13/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/19/2013
Date of Injury:	8/17/2010
IMR Application Received:	8/29/2013
MAXIMUS Case Number:	CM13-0018078

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Oxymorphone (Opana) 5mg one tab PO BID PRN #55 to be discontinued at a rate of 10-25 percent every few days to a week over 4-8 weeks is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/29/2013 disputing the Utilization Review Denial dated 8/19/2013. 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 **Oxymorphone (Opana) 5mg one tab PO BID PRN #55 to be discontinued at a rate of 10-25 percent every few days to a week over 4-8 weeks 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 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 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:

This is a 30 year old man who sustained a work injury on 8/17/2009 when he hit a cobblestone wall when he jumped out of the way while unloading a semi truck. Patient's relevant diagnosis to this issue is status post crush injury of the left lower leg, status post reconstruction crush injury of left lower leg and leg pain. The notes made for review consist of progress notes dated from 6/14/2012 to 8/19/2013. Per notes patient has constant left leg pain as he describes as aching from ankle to the bottom of the foot, he feels it "deep in the shin". The patient also complains of left knee pain which is throbbing in nature. Per the notes that were made for review, the patient was on Percocet to control his pain. As of progress note dated 8/19/2013, there is documentation by [REDACTED] that the patient has improvement of function without any intolerable side effects while taking Opana 5mg bid. In this supplemental report [REDACTED] also notes that his records indicate that with the opioid, the patient is able to put away the dishes and without the opioid he is unable to do that. The relevant issue is whether Oxymorphone (Opana) 5mg tab po bid prn #55 to be discontinued at a rate of 10-25 percent every few days to a week over 4-8 weeks is medically necessary and appropriate.

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:

- [REDACTED]

1) Regarding the request for Oxymorphone (Opana) 5mg one tab PO BID PRN #55 to be discontinued at a rate of 10-25 percent every few days to a week over 4-8 weeks:

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, Oxymorphone (Opana), page 93, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, When to Discontinue Opioids, page 79, Oxymorphone (Opana), page 93 and Weaning of Medications, page 124, which is part of MTUS.

Rationale for the Decision:

The Chronic Pain Medical Treatment Guidelines, MTUS, address weaning of medications such as opioids when and if there is no overall improvement in function, unless there are extenuating circumstances, continuing pain with the evidence of intolerable adverse effects, decrease in functioning, resolution of pain, if serious non-adherence is occurring, if the patient requests discontinuing. Immediate discontinuation has been suggested for: evidence of illegal activity including diversion, prescription forgery, or stealing, if there are repeated violations from the medication contract or any other evidence of abuse, addiction, or possible diversion, then it has been suggested that a patient show evidence of a consult with a physician that is trained in addiction to assess the ongoing situation and recommend possible detoxification. (Weaver, 2002)

Weaning of medications is also recommended when the patient is requesting opioid medications for their pain and inconsistencies are identified in the history, presentation, behaviors or physical findings. It is documented in the medical records that the employee has improved and has manageable functionality with the current opioids regiment, which is Opana 5mg bid. The employee does not meet the criteria of needing to discontinue opioids, specifically if the employee is showing improvement while on the medication.

There are no documented intolerable adverse effects, no evidence of decrease in functioning, pain has not resolved, there is no evidence of serious non-adherence and the employee is not requesting to discontinue Opana. **The request for Oxymorphone (Opana) 5mg one tab PO BID PRN #55 to be discontinued at a rate of 10-25 percent every few days to a week over 4-8 weeks 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

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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.