

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/30/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 8/7/2013
Date of Injury: 10/28/1988
IMR Application Received: 8/14/2013
MAXIMUS Case Number: CM13-0019395

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 Occupational 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:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

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 applicant is a represented former [REDACTED] employee who has filed a claim for chronic regional pain syndrome of the left upper extremity and the left lower extremity reportedly associated with an industrial injury of October 28, 1998. Thus far, the applicant has been treated with the following: Analgesic medications, including methadone; adjuvant medications, including Skelaxin; laxatives; transfer of care to and from various providers in various specialties; spinal cord stimulator implantation; subsequent removal of spinal cord stimulator; and extensive periods of time off of work. In a utilization review report of August 7, 2013, the claim's administrator reportedly furnished a one-month supply of methadone and MiraLax and denied prescriptions for Skelaxin and Prilosec. The applicant subsequently appealed.

A September 24, 2013 progress note is notable for comments that the applicant is off of work. The applicant does moderate walks daily and some weightlifting. The applicant is obese with a BMI of 33, and reports ongoing left upper extremity and left lower extremity pain, unchanged, constant, and intermittent. The applicant exhibits a normal gait and station and avoids all usage of the left upper extremity. Recommendations are made for the applicant to employ methadone and Skelaxin for pain relief. It is stated that the applicant reports reduction in pain level from 8/10 to 5/10 through usage of medications.

IMR DECISION(S) AND RATIONALE(S)

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

1. Six-Month supply of Methadone is not medically necessary and appropriate.

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

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Section Methadone, pg. 61, and Section When to Continue Opioids, pg. 80, which is part of MTUS.

The Physician Reviewer's decision rationale:

The MTUS Chronic Pain Medical Treatment Guidelines indicate that Methadone is recommended only as a second-line drug for moderate-to-severe pain if the potential benefit outweighs the risks. In this case, however, according to the medical records provided for review, the attending provider has not clearly stated what first line opioids the employee has tried and/or failed. More importantly, it does not appear that the employee meets criteria set forth in the MTUS Guidelines for continuation of opioid therapy. Namely, there is no evidence that the employee has returned to work. There is no evidence that the employee reports improved functioning and/or reports improved pain through ongoing usage of Methadone. The fact that the employee remains off of work and is avoiding all usage of the left upper extremity implies a lack of functional improvement through ongoing usage of Methadone. **The request for a six-month supply of Methadone is not medically necessary and appropriate.**

2. Six-Month supply of Skelaxin is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Section On-Going Management, pg. 78, which is part of MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Section Metaxalone (Skelaxin®), pg. 61, which is part of MTUS.

The Physician Reviewer's decision rationale:

The MTUS Chronic Pain Medical Treatment Guidelines indicate that Skelaxin is considered as second-line option for short-term pain relief in individuals with chronic low back pain. In this case, the fact that a six-month supply of Skelaxin is being sought implies that it is being employed for chronic purposes. This is not indicated, particularly of the fact that the employee has failed to effect any lasting benefit or functional improvement through prior usage of Skelaxin. **The request for a six-month supply of Skelaxin is not medically necessary and appropriate.**

3. Six-Month supply of Prilosec is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Section On-Going Management, which is part of MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Section Treatment of dyspepsia secondary to non-steroidal anti-inflammatory drug (NSAID) therapy, pg. 69, which is part of MTUS.

The Physician Reviewer's decision rationale:

The MTUS Chronic Medical Treatment Guidelines suggest that proton pump inhibitors can be employed in the treatment of non-steroidal anti-inflammatory drug (NSAID)-induced dyspepsia. In this case, however, according to the medical records provided for review, there is no clearly documented evidence of issues with reflux, heartburn and/or dyspepsia for which usage of Prilosec would be indicated. **The request for a six-month supply of Prilosec is not medically necessary and appropriate.**

4. Six-Month supply of MiraLax, a laxative, 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 Chronic Pain Medical Treatment Guidelines, Section Prophylactic treatment of constipation should be initiated, pg. 77, which is part of MTUS.

The Physician Reviewer's decision rationale:

The MTUS Chronic Pain Medical Treatment Guidelines do support prophylactic provision of laxatives in those individuals using opioids chronically. The employee is such an individual using opioids chronically. It is further noted that the employee is also reporting ongoing issues with constipation, as noted on the review of systems section of the clinical notes on September 24, 2013. **The request for a six-month supply of MiraLax, a laxative, is medically necessary and appropriate.**

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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.

[REDACTED]
[REDACTED]
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