

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/7/2013

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/10/2013

12/21/2004

7/16/2013

CM13-0001724

- 1) MAXIMUS Federal Services, Inc. has determined the requested 30 tablets of Exalgo 12mg **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/16/2013 disputing the Utilization Review Denial dated 7/10/2013. 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 requested 30 tablets of Exalgo 12mg **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.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 10, 2013:

"The patient is a 63-year-old female who injured her lower back on 12/21/04 while moving a client from a changing table to a chair. The patient was diagnosed with old L3 vertebral compression fracture, lumbar radiculopathy, status post L4-S1 fusion, post laminectomy syndrome, arthropathy, and lumbar stenosis. A request was made for 30 tablets of Exalgo (Hydromorphone Hydrochloride Extended Release) 12 mg. The patient's history is significant for a previous lumbar decompression, discectomy, and stabilization on 1/25/06. Lumbar MRI dated 4/17/13 by Dr. [REDACTED] showed prior L4-5 and L5-S1 laminectomies and fusion; and annular bulging at L1 to L4."

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 for Independent Medical Review (dated 7/16/2013)
- Utilization Review from [REDACTED] (dated 7/10/2013)
- Medical Records from [REDACTED] (dated 9/6/12-3/28/13)
- Medical Records from [REDACTED], MD (dated 2/6/13)
- Medical Records from [REDACTED] (dated 3/19/13-6/10/13)
- Medical Records from [REDACTED] (dated 4/23/13)
- Chronic Medical Treatment Guidelines (May, 2009), Part 1, Introduction pgs 54-55

1) Regarding the request for 30 tablets of Exalgo 12mg:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition (2004), Low Back Complaints, Chapter 12, and Chronic Pain Medical Treatment Guidelines pgs. 54, 93, which are a part of the California Medical Treatment Utilization Schedule (MTUS).

The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition (2004), Low Back Complaints, Chapter 12, and Chronic Pain Medical Treatment Guidelines pgs. 54, 93, which are a part of the California Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

Chronic Pain Medical Treatment Guidelines indicate, “4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the “4 A’s” (analgesia, activities of 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.” Medical records submitted and reviewed lack evidence to support the employee’s long-term utilization of the medication Exalgo. The clinical notes additionally lacked documentation of the employee’s average rate of pain, significant objective findings of symptomatology to support chronic opioid utilization, or the employee’s recent utilization of active treatment modalities such as supervised therapeutic interventions, chiropractic treatment, etc. The guideline criteria have not been met. **The request for 30 tablets of Exalgo 12mg 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

/ldh

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.