

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
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Notice of Independent Medical Review Determination

Dated: 11/22/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/5/2013
Date of Injury:	3/2/2009
IMR Application Received:	7/19/2013
MAXIMUS Case Number:	CM13-0002216

- 1) MAXIMUS Federal Services, Inc. has determined the request for Oxycodone 30mg #120 **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for unknown Aquatic therapy sessions to be performed at a gym or YMCA **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/19/2013 disputing the Utilization Review Denial dated 7/5/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/24/2013. 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 Oxycodone 30mg #120 **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for unknown Aquatic therapy sessions to be performed at a gym or YMCA **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 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 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 7, 2013:

“The patient is a 45 year old male with a date of injury of 3/2/2009. Under consideration for review are prospective requests for 1 prescription of oxycodone 30mg #120, 1 prescription of Norco 10/325mg #120, 1 prescription of Neurontin 600mg #90 and unknown aquatic therapy sessions to be performed at a gym or YMCA. According to the most recent documentation, the patient suffered from constant, intractable upper and lower back pain. The 5/6/2013 progress report by Dr. [REDACTED], the patient reported that his pain was well controlled with current medications. However, it was noted that he experienced nausea and dizziness. Hi 1-2 weeks at the maximum tolerated dosage. If inadequate pain control is found after a trial period guidelines recommend switching to another first-line drug.”

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 (received 07/19/2013)
- Utilization Review from [REDACTED] (dated 07/07/2013)
- Medical records from [REDACTED] (dated 07/30/2013)
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for Oxycodone 30mg #120:

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 (2009), which is a part of the Medical Treatment Utilization Schedule (MTUS).

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009) pgs. 42 and 80, which is a part of the Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

MTUS Guidelines state that the time to continue opioid treatment is “(a) If the patient has returned to work (b) If the patient has improved functioning and pain. The medical records provided for review indicate the employee has remained off work, but the treating provider does emphasize that the employee has at least 50% improved symptoms and function with the use of the current medication regimen. Guidelines indicate that It is important to not abruptly discontinue use of opioids without a plan for detoxification. The medical records provided for review indicate that there is no mention of weaning or detoxification by the treating provider, and opioid treatment has remained unchanged. The provider emphasizes too that the current medication regimen must remain while the employee is awaiting spine surgery, which is a very reasonable demand because changes to treatment should be considered following surgery, not before. **The request for Oxycodone 30mg #120 is medically necessary and appropriate.**

2) Regarding the request for unknown Aquatic therapy sessions to be performed at a gym or YMCA:

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 Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12) pgs. 78 & 93, which is a part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, and Physical Medicine Guidelines (2009) pgs. 22, 98, and 99, which are a part of the MTUS.

Rationale for the Decision:

MTUS Chronic Pain Guidelines state that aquatic therapy is “recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity...” The medical records provided for review indicate the employee has been instructed to do home exercise and aquatic exercise at the YMCA. There is no indication in any progress note that the exercise has been beneficial to the employee, on the contrary, the employee reported that exercise at the YMCA made the employee

feel worse. There is no evidence provided in the medical documentation that providing access to an aquatic center would provide this employee any benefit. **The request for unknown Aquatic therapy sessions to be performed at a gym or YMCA 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

/ejf

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.