

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:	7/3/2013
Date of Injury:	5/22/2007
IMR Application Received:	7/22/2013
MAXIMUS Case Number:	CM13-0002367

- 1) MAXIMUS Federal Services, Inc. has determined the request for **15 Hydromorphone/APAP 10/325MG** is not medically necessary and appropriate.

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/22/2013 disputing the Utilization Review Denial dated 7/3/2013. 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 **15 Hydromorphone/APAP 10/325MG 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 Family Practice 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 patient is a 65-year-old female who reported an injury on 07/01/2013. The patient has chronic low back pain radiating into the lower extremities. Previous treatments included extensive physical therapy, decompression laminectomy at the L4-5 and L5-S1, medial facetectomy at the L4-5 and L5-S1, foraminotomies at the bilateral L4-5, anterior and posterior L4 through S1 fusion, and ProDisc disc replacement at the L3-4 level. The patient's clinical findings included decreased active range of motion secondary to pain, and decreased sensation to light touch in the left 3rd, 4th, and 5th and right 1st, 2nd, and 3rd toes with decreased motor strength described as 3/5. The patient's diagnoses included bilateral trochanteric bursitis, bilateral iliolumbar and bilateral sacroiliac enthesopathy. The patient's treatment plan included continued medication management and a spinal cord stimulator trial.

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 Records from the Claims Administrator and the Employee/Employee Representative
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for 15 Hydromorphone/APAP 10/325MG:

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 CA MTUS Chronic Pain Medical Treatment Guidelines (May 2009), Hydromorphone (Dilaudid), Opioids, and Weaning of Medications, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Opioid, On-Going Management, Page 78, which is part of the MTUS.

Rationale for the Decision:

A review of the submitted medical records indicates the employee has pain in the low back that radiates into the lower extremities restricting the employee's ability to ambulate. The California Medical Treatment and Utilization Schedule recommends the ongoing use of opioids for chronic pain management when supported by an assessment of pain relief, increased functional capabilities, an assessment of side effects, and evidence of compliance to the prescribed medication schedule. The clinical documentation submitted for review does provide evidence that the employee has increased pain relief that allows the employee to participate in a home exercise program. It was noted that previously, the employee's medication was decreased causing increased pain and decreased function. However, the clinical documentation submitted for review does not provide any evidence that the employee is being monitored for compliance to the prescribed medication schedule, through a pain contract, urine drug screens, or consistent pill counts. **The request for 15 hydromorphone/APAP 10/325 mg is not medically necessary or 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.