

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 10/16/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/8/2013
Date of Injury:	2/15/2002
IMR Application Received:	7/22/2013
MAXIMUS Case Number:	CM13-0002540

- 1) MAXIMUS Federal Services, Inc. has determined the request for 60 hydrocodone/bit acetaminophen 7.5/500mg with 3 refills **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for left thumb surgery **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 7/8/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/25/2013. 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 60 hydrocodone/bit acetaminophen 7.5/500mg with 3 refills **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for left thumb surgery **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 Orthopedic Surgery 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 8, 2013:

“The patient is a 71 year old male with a date of injury of 02/15/2002. The provider has submitted a prospective request for one prescription of 60 Hydrocodone/Bit Acetaminophen 7.5/500mg with 3 refills and one left thumb surgery.”

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 07/22/2013)
- Utilization Review Determination from [REDACTED] dated 7/08/2013
- Employee medical records from [REDACTED]
- Employee Medical records from Employee Representative
- Medical Treatment Utilization Schedule

1) Regarding the request for 60 hydrocodone/bit acetaminophen 7.5/500mg with 3 refills:

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

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, (no section or page cited), part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the Chronic Pain Medical Treatment Guidelines, Opioids, pages 78-96, part of the MTUS, applicable and relevant to the issue at dispute.

Rationale for the Decision:

The employee sustained a work related injury in 2002. The medical records submitted for review indicate diagnosis of bilateral elbow cubital tunnel syndrome and bilateral carpal tunnel syndrome. The medical records submitted document the continued use of prescriptive narcotic pain medication. A request was submitted for hydrocodone/bit acetaminophen 7.5mg/500mg, #60 with 3 refills and left thumb surgery.

The MTUS Chronic Pain guidelines recommend monitoring of the following for patients taking opioids for chronic pain: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The medical records reviewed document continued use of prescriptive narcotic pain medication; however, there is no documentation in these records of urine drug screen testing to determine whether or not the patient is using the medication appropriately. There is no documentation as to how the medication helps the patient do more functional activities of daily living and there is no documentation as to what happens when the patient stops taking the medication. Additionally, it is not clear in the records provided how often these prescriptions will be refilled. The request for hydrocodone/bit acetaminophen 7.5mg/500mg, #60 with 3 refills is **not medically necessary and appropriate.**

2) Regarding the request for left thumb surgery:

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

The Claims Administrator did not provide an evidence basis for their decision. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the Forearm, Wrist, and Hand Complaints Chapter (ACOE Practice Guidelines, 2nd Edition (2004), Chapter 11), Trigger finger, part of the Medical Treatment Utilization Schedule (MTUS) to be applicable and relevant to the issue at dispute.

Rationale for the Decision:

The employee sustained a work related injury in 2002. The medical records submitted for review indicate diagnosis of bilateral elbow cubital tunnel syndrome and bilateral carpal tunnel syndrome. The medical records submitted document the continued use of prescriptive narcotic pain medication. A request was

submitted for Hydrocodone/bit acetaminophen 7.5mg/500mg, #60 with 3 refills and left thumb surgery.

The MTUS ACOEM guidelines state “One or two injections of lidocaine and corticosteroids into or near the thickened area of the flexor tendon sheath of the affected finger are almost always sufficient to cure symptoms and restore function.” The medical records reviewed indicate that the employee has a diagnosis of bilateral elbow cubital tunnel syndrome and bilateral carpal tunnel syndrome. It appears that a request is being made for a left trigger thumb release, however the medical records do not indicate that the employee has had full conservative care to include stretching, splinting or a trial of a cortisone injection. The request for left thumb surgery **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;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/db

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.