

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

Dated: 10/24/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/16/2013
Date of Injury:	6/3/2010
IMR Application Received:	7/24/2013
MAXIMUS Case Number:	CM13-0003034

- 1) MAXIMUS Federal Services, Inc. has determined the request for one (1) prescription of Oxycodone 15mg #120 **is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/24/2013 disputing the Utilization Review Denial dated 7/16/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/29/2013. 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 one (1) prescription of Oxycodone 15mg #120 **is medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The 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, has a subspecialty in at least five years of experience providing direct patient care 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 17, 2013

"The patient is a 37 year old male with date of injury 6/3/2010. The provider has submitted a prospective request for 1 prescription of Oxycodone 15mg #120, and 1 prescription of Gabapentin 600mg #60. A phone call to the requesting provider was attempted at 4:38PM on 7/16/2013 in order to discuss the requested care. The provider was unavailable, therefore a message was left with [REDACTED] which included my contact information and schedule. Upon review of available clinical records the patient was being treated for chronic cervical pain with HNP • (herniated nucleus pulposus) at C4-5 and C5-6 with stenosis, cervical radiculopathy; and chronic left shoulder impingement and bursitis. On the most recent follow up visit on 6/12/2013 for neck pain, [REDACTED] IviD notes that the average daily pain in the neck and arm was 5-10 and per pain scale log, the current pain level was 6-7/10 in neck and arm. On 4/10/2013 the patient's Oxycontin prescription was increased from 15mg twice per day to 30mg twice per day and by 5/21/2013 the patient was complaining of stomach upset with medication. On 6/12/2013 the patient stated that last prescribed Jul. 23. 2013 5:16PM L/O [REDACTED] No. 7534 p 4 medication didn't work as well as oxycodone and that Oxycontin was not for him, it hurts stomach and doesn't take the pain away. Dr. [REDACTED] recommended the patient discontinue Oxycontin due to side effects. Patient stated symptoms remain the same with no symptom change since last visit. The patient stated that the effect of current pain medications were increased activity, have no benefit and decrease pain level. He continued taking gabapentin and notes that it was helpful for neuropathic symptoms. His current medications were oxycodone 15mg 4 times per day as needed and Gabapentin 600mg twice per day. Objectively on 6/12/2013 there was positive tenderness and spasm in the cervical spine and left trapezius on palpation. There was decreased sensation in the left C5, C6, C7

dermatomes and absent sensation in the left C8 dermatome. The cervical range of motion was decreased in all planes and particularly painful with extension. The patient's motor strength was 4+/5 in the left deltoid, biceps, internal and external rotators, wrist extensors and wrist flexors with the remainder of motor strength 5/5. There was a decreased range of motion in the left shoulder, positive impingement, and bursitis with audible crepitus. Urine toxicology dated 4/10/2013 detected oxycodone and oxymorphone, which was consistent with medications. The next CURES reported dated 6/11/2013 was consistent and blood work on 11/02/2012 revealed normal renal and hepatic function. On 4/3/2013 the patient had a cervical epidural steroid injection at Level C4-5 by Dr. [REDACTED] and on 4/10/2013 the patient stated that the neck pain was 6/10, the pain had improved, there was less numbness and tingling; but also stated that the medication does not seem to control his pain. The 5/21/2013 progress report by [REDACTED], MD notes that the neck pain was rated 6/10. Oxycontin, oxycodone, and gabapentin were effective, but Oxycontin caused stomach upset and Nortriptyline was not effective. Disability status per primary physician. The 10/8/2012 progress report by [REDACTED], MD notes that the patient was temporarily partially disabled for five weeks with limited lifting, pushing, and pulling to five pounds; limited overhead use of left upper extremity to rare; limit sitting, standing, and walking to 30 minutes followed by 5 minute break or change in position. No other recent work status data was available for review."

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 (date 7/23/2013)
- Utilization Review Determination by [REDACTED] (date 7/17/2013)
- Medical documents from [REDACTED] (date 8/1/2013)
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request one (1) prescription of Oxycodone 15mg #120 15mg #120:

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 (2009), pg.78, pg.92, which are part of the California Medical Treatment Utilization Schedule (MTUS). The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was injured on 6/3/10 and experiences neck and left upper extremity pain. The record provided for review indicates that the employee has diagnoses of cervical radiculopathy, left shoulder impingement and bursitis and chronic pain syndrome. The record also indicates that the employee's current medications have helped decrease pain and oxycodone has improved abilities to perform a home exercise program as well as provide increased activity at home

such as cleaning and doing laundry and other activities of daily living. The request was submitted for oxycodone 15mg #120.

The MTUS Guidelines state that oxycodone is indicated for moderate to severe pain when a continuous, around the clock analgesic is needed for an extended period of time. Furthermore, the guidelines indicate the recommendation of the 4 A's for ongoing monitoring of patients on opioid analgesics with the 4 domains indicated as analgesia, activities of daily living, adverse reaction, and aberrant drug taking behavior. The documentation submitted for review indicates that the patient receives sufficient relief of pain with current medications that include oxycodone 15mg. The records documents the employee as having improved ability to function with the medication, including activities of daily living with no aberrant side effects or behaviors noted. Based on the documentation submitted for review indicating effective analgesia with the medication and improved function with no aberrant side effects or behaviors, the criteria guidelines has been met. The request for oxycodone 15mg #120 is 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

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