

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/30/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/9/2013
Date of Injury: 4/5/2004
IMR Application Received: 7/24/2013
MAXIMUS Case Number: CM13-0003073

Dear [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: PARTIAL OVERTURN. This means we decided that some (but not all) of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in PM&R, and is licensed to practice in Pennsylvania. 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 physician 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 disputed items/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The underlying date of injury in this case is 04/05/2004. The primary treating diagnosis is lumbosacral spondylosis.

A prior physician review recommended non-certification of Vicodin and urine drug testing given lack of documentation of clinical information.

On 09/28/2012, the treating provider submitted a Peer-2 report noting the patient complained of persistent back pain and had not had any other injury or treatment. The patient was felt to be a poor candidate for gastric bypass due to bleeding/clotting problems. The patient's weight was 367 pounds. The patient was noted to be tender in the lumbar spine with slight spasm and restricted motion. The patient was diagnosed with lumbar spondylosis, lumbar sprain, and morbid obesity. The patient was prescribed Vicodin 5/500 mg #100 with three refills and Flexeril 10 mg #90 with three refills. Urine drug testing was requested, noting the patient was taking Vicodin and Flexeril.

On 06/21/2013, the patient was seen in followup by the treating physician who noted ongoing low back pain radiating down the left leg. The pain was rated as 8/10. The patient reported that her pain increased with prolonged standing, walking, and sitting. She continued under medical care for a pituitary tumor. She was not working. Her weight was 377 pounds. The patient had lumbar tenderness with limited motion. The treating physician prescribed Vicodin and Flexeril with three additional refills and recommended urine drug testing to document medication compliance.

IMR DECISION(S) AND RATIONALE(S)

The Final Determination was based on decisions for the disputed items/services set forth below:

1. Vicodin 500mg #100 with 3 refills is not medically necessary and appropriate.

The Claims Administrator did not cite any evidence based criteria for its decision.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Section on Opiates/Ongoing Management, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The Chronic Pain Medical Treatment Guidelines, section on opiates/ongoing management, recommends, "*Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects...Four domains have been proposed as most relevant for ongoing management of chronic pain patients on opioids.*" The medical records at this time contain very limited documentation of functional goals or overall functional benefit to support indication for ongoing opioids. Particularly given what appears to be limited functional benefit from this medication, the request for three refills would in particular not be indicated given the need for ongoing clinical supervision at a greater frequency. Overall, for these reasons, Vicodin is not supported by the guidelines. This treatment is not medically necessary.

2. UDS Test is medically necessary and appropriate.

The Claims Administrator did not cite any evidence based criteria for its decision.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Section on Drug Testing, page 43, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The Medical Treatment Utilization Schedule, section on drug testing, page 43, states regarding drug testing, "*Recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs.*" Given this patient's ongoing use of opioid medication without apparent functional clinical benefit, the guidelines would support the indication for urine drug testing to confirm compliance with medications. Therefore this treatment is medically necessary.

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.

[REDACTED]

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