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**Notice of Independent Medical Review Determination**

Dated: 10/24/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/10/2013
Date of Injury:	1/13/2003
IMR Application Received:	7/25/2013
MAXIMUS Case Number:	CM13-0003307

- 1) MAXIMUS Federal Services, Inc. has determined the request for one in-patient detox program **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Oxycontin 20mg #90 **is medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/25/2013 disputing the Utilization Review Denial dated 7/10/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/30/2013. 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 in-patient detox program **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Oxycontin 20mg #90 **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 Preventive Medicine and 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 10, 2013

“The patient is a 54 year old male with a date of injury of 1/13/2003. The provider submits a prospective request for 1 in-patient detox program and 1 prescription of Oxycontin 20mg #90 for a patient diagnosed with gastropathy secondary to medication use, coronary artery disease, angina, status post percutaneous transluminal coronary angioplasty performed in 2008, history of hepatitis C, and orthopedic condition.

According to the provider’s report dated 6/11/2013, subjective findings included increasing chest pain over past few weeks along the left sternal border, shortness of breath upon exertion and at rest, and no paroxysmal nocturnal dyspnea or orthopnea. The patient reported doing better as long as takes Dexilant on daily basis. Objective findings included: weight 235 pounds; blood pressure 147/83 mmHg; lungs and cardiovascular systems normal: 1- tenderness in mid-epigastric region with no rebound or rigidity; echocardiogram reveals ejection fraction of 65%, left ventricular hypertrophy, left ventricular diastolic dysfunction, and hypokinesis of the lateral wall; electrocardiogram reveals sinus bradycardia with inferior myocardial infarction, age indeterminate and angina symptomatology.”

### **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 07/25/2013)
- Utilization Review Determination from [REDACTED] (dated 07/10/2013)
- Employee medical records from [REDACTED]
- Medical Treatment Utilization Schedule (MTUS)

1) **Regarding the request one in-patient detox program :**

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

The Claims Administrator did not cite any evidence-based guidelines in its decision. The Expert Reviewer found the Chronic Pain Medical Treatment Guidelines, Inpatient pain rehabilitation programs, pg. 32, Detoxification, pg. 42, Mechanical and compressive etiologies, pg. 81 Opioid Dosing Calculator, pg. 87, which is part of MTUS, as relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee's date of injury is 1/13/2003. The medical records submitted for review indicate treatments have included: analgesic medications, adjuvant medication, transfer of care to and from various providers in various specialties, and supplemental testosterone. The most recent progress report of July 23, 2013 indicates the employee reports significant neck and low back pain, is having difficulty tolerating pool therapy and difficulty driving secondary to pain. The records indicate the employee would like to undergo inpatient detoxification. The request is for an in-patient detox program.

The MTUS Chronic Pain Medical Treatment Guidelines state that patients who are receiving large amounts of medications, necessitating medication weaning, and/or detoxification would benefit from an inpatient rehabilitation program. A review of the medical records indicates the employee has a number of complex medical and psychiatric diagnoses which would benefit from inpatient rehabilitation. The employee is using numerous analgesic and adjuvant medications, including Soma, OxyContin, Xanax, and Valium. The amount of OxyContin plus oxycodone that the employee is taking is something on the order of 300 mg per day. This represents a total of 450 morphine equivalents. The guidelines suggest that individuals using upwards of 180 morphine equivalences a day may be candidates for possible weaning and support detoxification of opioids in those individuals in whom there is a lack of functional improvement. The medical records do not provide clear evidence of functional improvement. The employee does not appear to have profited through prior usage of opioids or other psychotropic or adjuvant medications. The records do not indicate a return to work, nor is there evidence of improved functioning and/or reduced pain through prior usage of the same. **The request for in-patient detox program is medically necessary and appropriate.**

2) **Regarding the request for Oxycontin 20mg #90 :**

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 page cited, which is a part of MTUS. The Expert Reviewer found the Chronic Medical Treatment guidelines, Opioids, dealing with misuse & addiction, page 84, which is part of MTUS, as relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee's date of injury is 1/13/2003. The medical records submitted for review indicate treatments have included: analgesic medications, adjuvant medication, transfer of care to and from various providers in various specialties, and supplemental testosterone. The most recent progress report of July 23, 2013 indicates the employee reports significant neck and low back pain, is having difficulty tolerating pool therapy and difficulty driving secondary to pain. The records indicate the employee would like to undergo inpatient detoxification. The request is for Oxycontin 20mg #90.

The MTUS Chronic Pain Medical Treatment Guidelines indicate that patients should be given a 30-day supply of medications to facilitate finding other treatment prior to weaning. In this case, the attending provider has suggested that the employee cannot safely wean off the opioid medication in question on an outpatient basis. Therefore, the request for one-month supply of OxyContin 20mg, #90 **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  
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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.