

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
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Notice of Independent Medical Review Determination

Dated: 11/21/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/18/2013
Date of Injury:	5/22/2007
IMR Application Received:	7/25/2013
MAXIMUS Case Number:	CM13-0003387

- 1) MAXIMUS Federal Services, Inc. has determined the request for **60 Hydromorphone/APAP 10/325mg** 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 7/18/2013. 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 **60 Hydromorphone/APAP 10/325mg** is 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 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.

Expert Reviewer Case Summary:

The applicant, Ms. [REDACTED], is a represented employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 22, 2007.

Thus far, she has been treated with the following: Analgesic medications; adjuvant medications; unspecified amounts of physical therapy; prior multilevel spinal fusion surgery on June 2, 2008; transfer of care to and from various providers in various specialties; spinal cord stimulation implantation on August 8, 2013; continuous positive airway pressure (CPAP) mask for sleep apnea; and extensive periods of time off of work, on total temporary disability. The applicant has also filed claims for derivative insults, including depression and keloids apparently associated with postoperative scarring.

The most recent note on file is August 8, 2013 spinal cord stimulator procedure note.

Also reviewed is a prior note of July 31, 2013, in which the applicant presents with 6-7/10 low back pain radiating to the legs. She states that her leg pain worsens at night. It is suggested that discontinuation and/or partial certification of prescriptions for Savella, Neurontin, Topamax, and hydromorphone-acetaminophen has resulted in heightened left leg radicular pain and decreased ability to perform activities of daily living. It is suggested that prior usage of hydromorphone-acetaminophen resulted in adequate control of low back and left leg pain with associated improved performance of activities of daily living. It is stated there were no side effects through prior usage of the same. It is later stated in the medication list that the applicant is using Neurontin, Topamax, Savella, Ambien, and Percocet 10/35 mg b.i.d. The applicant exhibits hyposensorium and diminished Achilles reflexes. Motor testing is notable for 3+ to 4-/5 strength. The applicant exhibits limited lumbar and hip range of motion. Recommendations are made for the applicant to continue Savella, Topamax, and hydromorphone-acetaminophen. It is stated that prior usage of hydrocodone-

acetaminophen resulted in nausea while no adverse effects are noted with hydromorphone-acetaminophen. The applicant is asked to continue home exercises and remain off of work, on total temporary disability.

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
- Utilization Review Determination
- Medical Records received from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for 60 Hydromorphone/APAP 10/325mg :

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, Hydromorphone (Dilaudid), which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, When to Continue Opioids, page 80, which is part of the MTUS.

Rationale for the Decision:

As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, criteria for continuation of opioids include evidence of improved functioning, reduced pain, and/or successful return to work. In this case, it does not appear that the applicant has returned to work. Nevertheless, the attending provider reiterates that the employee has reported diminution of pain and improved performance of activities of daily living through ongoing usage of hydromorphone-acetaminophen. **The request for Hydromorphone/APAP 10/325mg 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,

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.