

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 10/17/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/17/2013
Date of Injury:	8/16/2003
IMR Application Received:	7/25/2013
MAXIMUS Case Number:	CM13-0003414

- 1) MAXIMUS Federal Services, Inc. has determined the retrospective request for 210 tablets of Oxycontin 40mg dispensed 7/11/2013 **is not 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 7/17/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/31/2013. 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 retrospective request for 210 tablets of Oxycontin 40mg dispensed 7/11/2013 **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 Physical Medicine and Rehabilitation, 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 48-year-old male who sustained an injury on 8/16/2003 while leaning over to remove debris. He is diagnosed with lumbar post-laminectomy syndrome and psychogenic pain. A retrospective request is made for 210 tablets of OxyContin. The patient underwent right L4-5 hemilaminectomy and discectomy with decompression of the thecal sac and the right L5 nerve root; and right L5-S1 hemilaminectomy with discectomy, partial medial facetectomy, foraminotomy and decompression of the L5-S1 nerve roots on 6/4/2007. He then underwent revision hemilaminectomy, discectomy and decompression on 8/13/2007. He had an L3-4 and L4-5 fusion on 6/23/2009 and bilateral L3-S1 pedicle screw and rod fixation on 6/25/2009. Other treatments to date include chiropractic care, PT, facet injections and aquatic therapy. As per the AME report dated 6/8/2011, his medications were OxyContin 100 mg TID, gabapentin 600 mg BID, Flexeril BID to TID, Valium and promethazine for nausea. The medical report dated 7/10/2013 states that the patient had a flare up of this low back pain in the last three weeks. His pain radiates to the left lower extremity. Examination reveals tenderness in the lumbosacral junction. Range of motion is decreased. Straight Leg Raise test is positive in the left. Muscle

strength is decreased in the left lower extremity. His current medications are OxyContin 40 mg two to three tablets a day, gabapentin 600 mg TID, pantoprazole 20 mg TID, Flexeril 10 mg TID, promethazine every 8 to 12 hours as needed, docusate sodium 100 mg every 8 hours, Valium 10 mg at bedtime and ibuprofen 300 mg every 8 hours. The report states that the OxyContin is increased to three times a day. Two separate prescriptions were provided. One prescription is for a 20 day supply and another for ten day supply. This patient is noted to be using OxyContin since 2011. His response to this medication in terms of pain relief and functional improvement is not provided. The patient's current prescription for OxyContin of 40 mg three times a day exceeds the recommended maximum daily morphine equivalent dose. Furthermore, the 7/10/2013 states that the patient was only prescribed with 30 days supply of OxyContin. The request for 210 tablets is in excess of this prescription. The medical necessity of this request is not established.

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 (dated 7/25/13)
- Utilization Review Determination from [REDACTED] (dated 7/17/13)
- Medical Treatment Utilization Schedule (MTUS)

***Note: Medical records were not submitted by the Claims Administrator in a timely manner**

1) Regarding the retrospective request for 210 tablets of Oxycontin 40mg dispensed 7/11/2013:

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), Opioids, specific drug list, Oxycodone, pg.92, which is part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. 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 reported a strain to the lumbar spine on 8/16/2003. Diagnoses include lumbar post laminectomy syndrome and psychogenic pain. The employee has had multiple surgical interventions to the lumbar spine with the most recent operative procedure having been performed on 6/25/2009, indicative of an L3 through S1 pedicle screw and rod fixation. The retrospective request is for 210 tablets of Oxycontin 40mg dispensed 7/11/2013.

The MTUS Chronic Pain Medical Treatment Guidelines specify four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. Medical records submitted and reviewed show no

documentation evidencing the employee's efficacy, compliance or functional improvement in addition to a decrease in rate of pain. The guideline criteria have not been met. The retrospective request for 210 tablets of Oxycontin 40mg dispensed 7/11/2013 **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
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/ldh

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.