

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/8/2013

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/25/2013
Date of Injury: 6/19/2009
IMR Application Received: 7/26/2013
MAXIMUS Case Number: CM13-0004127

- 1) MAXIMUS Federal Services, Inc. has determined the request for Pennsaid with five refills **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Hydrocodone 10/325mg, #90 **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/26/2013 disputing the Utilization Review Denial dated 7/25/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/7/2013. 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 Pennsaid with five refills **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Hydrocodone 10/325mg, #90 **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 Family Practice, 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:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 25, 2013:

“This patient has a reported date of injury (DOI) of 06/19/09 due to a slip and fall while working as a landscaper. The patient has complaints of knee and back pain. Medications include ibuprofen, Norco, and Pennsaid. On exam, there is crepitus in the knee, decreased range of motion (ROM), provocative maneuvers were present, but no motor deficits were noted. An MRI of the lower back is pending. An MRI of the knee shows anterior cruciate ligament (ACL) graft reconstruction, degeneration in the posterior horn of the meniscus, fraying of the lateral meniscus, and patellofemoral chondromalacia. Current medications include Ibuprofen, Norco and Pennsaid.”

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

1) Regarding the request for Pennsaid with five refills:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Current Version, Pain Section, Pennsaid (diclofenac sodium topical solution), which is not part of the MTUS. The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 111-112, which is part of the MTUS.

Rationale for the Decision:

The Chronic Pain Medical Treatment Guidelines indicate that topical NSAIDs have been shown to be superior to placebo for the first 4-12 weeks of treatment of osteoarthritis of the knee and that the recommended treatment length is 4 to 12 weeks. The medical records provided for review indicate that Pennsaid is a topical NSAID and has been prescribed for greater than 12 weeks for the employee. The medical records do not provide documentation regarding specific benefit from this medication after prolonged use. **The request for Pennsaid with five (5) refills is not medically necessary and appropriate.**

2) Regarding the request for Hydrocodone 10/325mg, #90:

Section of the Medical Treatment Utilization Schedule 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), pages 76-80 and 91-94, which are part of the MTUS. The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pgs. 83, 88, which are part of the MTUS.

Rationale for the Decision:

The Chronic Pain Guidelines indicate that there are no trials for long term use of opioids. The medical records provided for review did not support any clinical changes in the knee examination to suggest Hydrocodone was providing benefit. **The request for Hydrocodone 10/325mg #90 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,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/sh

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.