

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/18/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/19/2013
Date of Injury:	9/9/1973
IMR Application Received:	7/26/2013
MAXIMUS Case Number:	CM13-0004194

- 1) MAXIMUS Federal Services, Inc. has determined the request for **60 Oxycontin 40mg is 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 7/19/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/9/2013. 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 Oxycontin 40mg 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 Anesthesiology and Pain Management, 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 patient is a 63-year-old injured worker who sustained an injury and has been diagnosed with chronic lower back pain and prostate cancer. The UR (Utilization Review) was performed on 7/19/13 and evaluated clinical documentation, the most recent of which was cited was dated 6/18/13. The most recent medical record available for review is a note dated 6/18/13. The issue for IMR concerns whether the request for 60 Oxycontin 40mg tablets is medically necessary and appropriate.

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 60 Oxycontin 40mg:

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 California Chronic Pain Medical Treatment Guidelines, Criteria for Use of Opioids, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), pages 76-90, which are part of the MTUS.

Rationale for the Decision:

The 2009 MTUS requires documentation of the “4 A's”: Analgesia (pain level); Adverse event (the presence or lack of side effects); Aberrancy (abuse and diversion); and ADL's (Activities of Daily Living, or functional level). They are especially considered in context of chronic non-malignant pain.

The UR physician noted that the employee has opioid dependence without side effects or toxicity, however the employee's pain continues to be severe or worsen despite opioid use, suggesting that analgesia is not sufficient. The UR physician also relates that since the employee is using Norco, the employee will not go into withdrawal if oxycontin use suddenly stops. The employee's most recent documentation indicates the use of, on average, 40mg hydrocodone per day (average MED [Morphine Equivalent Dose] of 40mg) and 80mg of oxycontin per day (average MED of 120mg), for a total MED of 160mg. Stopping the oxycontin would reduce his MED by 75%, which may or may not result in withdrawal.

Of note is the fact that the employee may actually have malignant pain, as the employee is currently being treated for prostate cancer. According to the 6/18/13 note, it is not clear that this is stable, and oncology follow-up is anticipated to resolve this. The treating physician indicates a desire to wean down the employee's dosage after the implantation of a spinal cord stimulator, which has been certified. Given the fact that the patient may be experiencing unstable, malignant cancer pain, the treatment should be considered medically necessary. **The request for 60 Oxycontin 40mg 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.