MAXIMUS FEDERAL SERVICES, INC.
Independent Medical Review
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MAXIMUS Federal Services

Notice of Independent Medical Review Determination

Dated: 10/29/2013

Employee:	
Claim Number:	
Date of UR Decision:	7/9/2013
Date of Injury:	12/28/2001
IMR Application Received:	7/29/2013
MAXIMUS Case Number:	CM13-0004401

1) MAXIMUS Federal Services, Inc. has determined the request for Vicodin ES 7.5mg #100 with 3 refills **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/29/2013 disputing the Utilization Review Denial dated 7/9/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/5/2013. 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 Vicodin ES 7.5mg #100 with 3 refills **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.

Case Summary:
Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 9, 2013:

"Clinical Summary: This 56-year-old male injured his neck, elbows, and knees on 12/28/01. The mechanism of injury was not provided for review. Dr. [redacted] report dated 6/21/13 noted that the patient complained of bilateral knee pain, worse on the left. On examination, tenderness was noted about the lateral joint of the right knee and medial joint of the left knee. Active range of motion of the bilateral knees revealed decreased flexion. Clinical documentation from 3/22/13 indicated diagnoses including sprain/strain of the cervical spine, right lateral epicondylitis, left lateral epicondylitis due to. compensation for the injured contralateral, prior right hand dislocation, prior left and right knee surgeries, and right ankle sprain. The care plan directed home exercise, Vicodin ES without clarification on direction for use, and follow-up appointment in 3 months. Clinical documentation on 6/21/13 included similar content direction. It was indicated that the patient had not returned to any work capacity."

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, employee/employee, Provider)
- Medical Treatment Utilization Schedule (MTUS)

1) **Regarding the request for Vicodin ES 7.5mg #100 with 3 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 Chronic Pain Medical Treatment Guidelines (2009),Opioids, pages 74-95, which are part of the California Medical Treatment Utilization Schedule (MTUS). 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 injured the neck, elbows, and knees on 12/28/2001. Treatment to date has included a home exercise program and medications. The request is for Vicodin ES 7.5mg #100 with 3 refills.

The MTUS Chronic Pain Medical Treatment Guidelines state that ongoing use of opioids should include documentation and monitoring of the 4 A's. The 4 A's consist of documented pain relief, lack of side effects, increased function and a lack of aberrant drug-related behaviors. The medical records submitted for review indicate the employee does have prior urine drug screens consistent with Vicodin use. However, there is a lack of documentation of a recent urine drug screen. Furthermore, there was no documentation of significant objective functional improvement or pain relief to warrant the ongoing use of Vicodin. The guideline criteria are not met. The request for Vicodin ES 7.5mg #100 with 3 refills **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
Oakland, CA 94612

/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.