

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/25/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/17/2013
Date of Injury:	8/16/2003
IMR Application Received:	7/29/2013
MAXIMUS Case Number:	CM13-0004568

- 1) MAXIMUS Federal Services, Inc. has determined the request for **210 tablets of Oxycontin 40mg 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 7/17/2013. 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 **210 tablets of Oxycontin 40mg 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:

The patient worked for [REDACTED] as a mechanic and injured his lumbar spine in 2003. On 11/6/2006 an MRI showed an L4-5 disc bulge with right sided disc extrusion. On 1/4/2007 he had a hemilaminectomy and discectomy of L4-5 and L5-S1. He had a two stage spinal fusion on 6/23 and 6/24/09. His pain management has been complicated by the use of multiple narcotics and escalating doses of oxycontin, at one time reaching 1000mg daily. Although his daily dose is now lower, he remains narcotic dependent and his pain is not well controlled. His treating physician requested 210 tablets of OxyContin 40 mg, thereby increasing his daily dose of OxyContin 40mg from 6 a day to 7 a day (280mg/d). The patient has received an initial evaluation for admission to a functional restoration program. The claimant has chronic low back and right lower extremity pain, "failed back" syndrome (postlaminectomy syndrome), and long-term use of narcotics.

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 210 tablets of 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 Chronic Pain Medical Treatment Guidelines and Low Back Complaints, which are part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Opioids, Tolerance and addiction, page 116 and Dosing, page 120, which is part of the MTUS.

Rationale for the Decision:

The employee requested higher doses of narcotics without showing signs that the level of functioning improved with escalating doses of the OxyContin. The Morphine Equivalent Dose climbed well past the recommended level (ceiling level 120 mg per day versus 420 mg requested). The guidelines indicate that patients seeking ever higher dosages of narcotics exhibit telltale signs of tolerance and dependence. This is evident in this case and there is no signs of improved functionality. **The request 210 Tablets of Oxycontin 40mg 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

/bd

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.