

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/7/2013

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/22/2013
Date of Injury:	12/20/2007
IMR Application Received:	8/1/2013
MAXIMUS Case Number:	CM13-0005452

- 1) MAXIMUS Federal Services, Inc. has determined the request for sixty Hydrocodone/Acetaminophen 10/325mg **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/1/2013 disputing the Utilization Review Denial dated 7/22/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/19/2013. 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 sixty Hydrocodone/Acetaminophen 10/325mg **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:

This is a male patient suffering injury in December 20, 2007. He injured his left foot while going down a staircase during his normal work duties after which he fractured his left second metatarsal. The patient was placed on light duty as well as had a cast walking boot. In the past he tried Motrin for pain. It also undergone rehabilitation. For sometime it had gotten better but then had gotten worse again in 2009.

Over the next several years the patient started developing persistent low back pain with sciatica . spasms and stiffness He was subsequently diagnosed with lumbar discopathy of the L4 L5 region. He had difficulty sleeping as well as trouble with activities of daily living.

Examination report on April 3, 2013 had indicated and continued pain in the left foot with tenderness over the second left metatarsal joints. Vicodin was prescribed for severe pain and Motrin for lesser pain.

Drug screening March 2013 and April 2013 has stated no hydrocodone was found in the urinalysis. At the time he was prescribed hydrocodone. However tramadol was found in the April screen.

A drug compliance report was performed on May 2, 2013, 2013. At the time was taking hydrocodone,. His urine drug screen was positive for hydrocodone. Accordingly there were earlier notes proceeding to January 2013 all the way till July 2013 that included similar urine drug screens .

A recent examination report on July 7, 2013 had stated the patient had continued tenderness over the left dorsal foot. He received relief from acupuncture and was getting orthotics modified. Physical exam showed tenderness over the left foot second metatarsal region. He was prescribed Vicodin as needed for severe pain.

The physical exam finding on July 15, 2013 stated their significant spasm in the lumbar spine region as well as pain with motion. An antalgic gait was noted.

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 [REDACTED]
- Medical Records from Provider
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for sixty Hydrocodone/Acetaminophen 10/325mg:

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

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (May 2009), Opioids, which is part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines Opioids, pages 75 and 87, which are part of MTUS.

Rationale for the Decision:

MTUS states that the prevalence of current substance-abuse disorders of chronic back pain range from 3 to 43%. Hydrocodone is a short acting opioid. Long-acting opioids have you been stable medication levels. In this case the employee was prescribed hydrocodone for several months. The drug screens were intermittently negative for hydrocodone. There was also note of a positive tramadol finding when hydrocodone was prescribed. This suggest risk of polysubstance abuse, or noncompliance. In addition there is no study to show the long-term use of short-term opioids provides proven benefit. In this case there's possibility of abuse, noncompliance and indeterminate benefit the continued use of hydrocodone. **The request for sixty Hydrocodone/Acetaminophen 10/325 mg is not medically necessary.**

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.