MAXIMUS FEDERAL SERVICES, INC.
Independent Medical Review
P.O. Box 138009
Sacramento, CA 95813-8009
(855) 865-8873 Fax: (916) 605-4270

MAXIMUS Federal Services

Notice of Independent Medical Review Determination

Dated: 11/12/2013

Employee:	
Claim Number:	
Date of UR Decision:	7/29/2013
Date of Injury:	3/2/2004
IMR Application Received:	8/7/2013
MAXIMUS Case Number:	CM13-0006972

1) MAXIMUS Federal Services, Inc. has determined the request for **one (1) prescription of Norco 10/325mg is not medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the request for **one (1) urine drug screen is not medically necessary and appropriate.**

3) MAXIMUS Federal Services, Inc. has determined the request for **request for unknown sessions of physical therapy is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/7/2013 disputing the Utilization Review Denial dated 7/29/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/26/2013. 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 **one (1) prescription of Norco 10/325mg is not medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the request for **one (1) urine drug screen is not medically necessary and appropriate.**

3) MAXIMUS Federal Services, Inc. has determined the request for **request for unknown sessions of physical therapy 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 Preventive Medicine and Occupational Medicine 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:

All medical, insurance, and administrative records provided were reviewed.

The applicant, Mr.[redacted], is a represented [redacted] employee who has filed a claim for chronic low back pain, reportedly associated with an industrial injury of March 2, 2004.

Thus far, he has been treated with the following: Analgesic medication; prior radiofrequency ablation procedures; transfer of care to and from various providers in various specialties; prior one-level lumbar fusion surgery at L5-S1 in 2009; weight loss medication; numerous oral and topical analgesics; and extensive periods of time off work, on total temporary disability.

In a July 29, 2013, utilization review report, the claims administrator certified the multilevel radiofrequency ablation procedure, a prescription for phentermine and 10 sessions of physical therapy. A urine drug screen was non-certified. Norco was partially certified as a 90-tablet supply of the same.

In a progress note of July 24, 2013, it is suggested that the applicant reports persistent low back pain with attendant left leg pain. The applicant has heightened radicular complaints, it is stated. He is on total temporary disability, it is suggested. He is presently on Fentora and OxyContin. He is morbidly obese with a BMI of 44. His blood pressure is elevated at 143/103. He exhibits significantly diminished range of motion with tenderness over the facet joints. He is asked to continue phentermine, hold OxyContin, consider Nucynta, and continue Norco. He is continuing on total temporary disability.

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 one (1) prescription of Norco 10/325mg:**

   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, Opioids, which is part of the MTUS.

   The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), pages 77-78, which are part of the MTUS.

   Rationale for the Decision:
   As noted on page 77 of the MTUS Chronic Pain Medical Treatment Guidelines, it is recommended that treating providers only change one drug at a time. After a review of the medical records provided, in this case, however, the attending provider has been seemingly altering numerous drugs in parallel, including doses of OxyContin, Norco, and Fentora. It is not clearly stated why the alteration in the medication profile was being made. As further noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioid should be prescribed to improve pain and function. In this case, it does not appear that the employee has derived any lasting benefit or functional improvement through prior usage of opioids, either alone or as a class. The records indicate that the employee remains off work, has significant pain complaints, and is obtaining numerous interventional procedures, as such, this argues against functional improvement. **The request for one (1) prescription of Norco 10/325mg is not medically necessary and appropriate.**

2) **Regarding the request for one (1) urine drug screen :**

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), Substance Abuse, which is part of the MTUS, and the University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including and Prescribing Controlled substances (May 2009), pages 10, 32-33, which are not a part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pg 43 of 127, which is a part of the MTUS. Also cited was the Official Disability Guidelines (ODG), Criteria for Use of Urine Drug Testing, which is not a part of the MTUS.

Rationale for the Decision:
While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse intermittent urine drug testing in the chronic pain population to ensure the absence of any illicit substances, the MTUS does not address the frequency of urine drug testing nor does it address the parameter under which urine drug testing should be performed. After a review of the medical records provided, it was noted on a prior note of July 20, 2013, that the employee had prior consistent drug screening on March 26, 2013, and at a later point on a prior visit. As noted in the ODG Chronic Pain Chapter urine drug testing topic, criteria for pursuit of urine drug testing include usage of standard drug panels which conform to that endorsed by the department of transportation, which per ODG, represents the most legally defensible means of performing drug testing. ODG further suggests that a treating provider specifically state which drug or drugs he is testing on the urine drug test panel. In this case, the attending provider did not clearly state which drugs he tested or planned to test. It is further noted that the attending provider did not clearly delineate what medications the employee was taking. The attending provider made several changes to the employee's medication profile, making it difficult to clearly ascertain what the emplolyee was taking at the time of the urine drug screen. On balance, criteria for pursuit of urine drug testing set forth in ODG had not been met. **The request for (1) urine drug screen is not medically necessary and appropriate.**

3) **Regarding the request for request for unknown sessions of physical therapy :**

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), which are part of the MTUS.

The Expert Reviewer based his/her decision on the Chrinoc Pain Medical Treatment Guidelines-Physical Medicine, pages 8 and 99, which are part of the MTUS.

Rationale for the Decision:

After a review of the medical records provided, the employee has had prior unspecified amounts of physical therapy over the life of the claim. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse 9 to 10 sessions of physical therapy for myalgias and/or myositis of various body parts, page 8 of the chronic pain guidelines further suggests that there should be demonstration of functional improvement at various points in the functional restoration program so as to justify continued treatment. In this case, however, there is no evidence of functional improvement with prior physical therapy. The employee has failed to return to work. There is no evidence of progressively diminishing work restriction, improved work status, improved performance of activities of daily living, and/or diminished reliance on medical treatment. The review of the records indicate that the employee is on total temporary disability and remains highly reliant on various analgesic medications, and argues against functional improvement as defined in MTUS 9792.20(f). **The request for unknown sessions of physical therapy 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

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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.