
Notice of Independent Medical Review Determination

Dated: 11/13/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/19/2013
Date of Injury:	10/19/2006
IMR Application Received:	8/5/2013
MAXIMUS Case Number:	CM13-0007062

- 1) MAXIMUS Federal Services, Inc. has determined the request for **OxyContin 30MG #60 is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Oxycodone 15MG #QID is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/5/2013 disputing the Utilization Review Denial dated 7/19/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/6/2013. 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 **OxyContin 30mg #60 is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Oxycodone 15mg #QID 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 Anesthesiology and Pain Management, has a subspecialty in Acupuncture 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 an injured worker with diagnosis of CRPS and a date of injury of 10/19/2006. UR determination was that opiate medications were not prescribed consistent with MTUS guidelines, or documentation was not supportive of such.

The disputes at hand are whether the **OxyContin 30mg #60** is/are medically necessary and whether the **Oxycodone 15mg #QID** is/are 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 OxyContin 30MG #60:

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, pages 79-80 & 81, which is part of the MTUS, and the ODG, Pain Chapter which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Opiates, pages 77-80, which is part of the MTUS.

Rationale for the Decision:

The MTUS Chronic Pain guidelines has a detailed list of recommendations for initiation and continuation of opioids, and these recommendations do not appear to have been addressed by the treating physician. Regarding efficacy, it is noted during the 8/5/13 provider note submitted for review, that the medications “reduce the employee’s pain from a level of 8-9/10 down to 4-5/10” and “without them the employee cannot keep up with the activities of daily living.” As such, efficacy is not in dispute. Documentation of an opiate agreement is noted. However, to reach the MTUS definition of medical necessity for ongoing treatment, efforts to rule out aberrant behavior (i.e. CURES report, UDS) and assure safe usage are needed. The medical reports submitted for review do not include documentation that only a single provider is prescribing opiate medication, which would be meaningfully addressed by the review of a CURES report. The criteria for continued use of the requested opiate medication have not been met. **The request for Oxycotin 30mg #60 is not medically necessary and appropriate.**

2) Regarding the request for Oxycodone 15MG #QID:

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, pages 79-80 & 81, which is part of the MTUS, and the ODG, Pain Chapter which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Opiates, pages 77-80, which is part of the MTUS.

Rationale for the Decision:

The MTUS Chronic Pain guidelines has a detailed list of recommendations for initiation and continuation of opioids, and these recommendations do not appear to have been addressed by the treating physician. Regarding efficacy, it is noted during the 8/5/13 provider note submitted for review, that the medications “reduce the employee’s pain from a level of 8-9/10 down to 4-5/10” and “without them the employee cannot keep up with the activities of daily living.” As such, efficacy is not in dispute. Documentation of an opiate agreement is noted. However, to reach the MTUS definition of medical necessity for ongoing treatment, efforts to rule out aberrant behavior (i.e. CURES report, UDS) and assure safe usage are needed. The medical reports submitted for review do not include documentation that only a single provider is prescribing opiate medication, which would be meaningfully addressed by the review of a CURES report. The criteria for continued use of the requested opiate medication have not been met. **The request for Oxycodone 15mg #QID 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.