

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

Dated: 10/14/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/5/2013

4/7/2010

8/3/2013

CM13-0007207

- 1) MAXIMUS Federal Services, Inc. has determined the request for a pain management consultation/referral **is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/3/2013 disputing the Utilization Review Denial dated 7/5/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/10/2013. 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 a pain management consultation/referral **is 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 Physical Medicine and Rehabilitation 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 5, 2013:

"1. 6/10/2013, *PR-2*, (illegibly signed / Signatory identified as [REDACTED], M.D.):

Diagnosis: Total

Body Pain; Need all medical records; Told we are primary and he cannot go to see other M.D. for meds. On ridiculously high meds from Dr. [REDACTED]. MS Contin. Patient needs to see pain management M.D. not ortho surg".

2. 6/20/2013, *Declarations and Proof of Service*, (signature not legible).

3. 6/20/2013, *Proof of Service*, (signature not legible)."

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 for Independent Medical Review (received 8/03/2013)
- Utilization Review Determination from [REDACTED] dated 7/25/2013
- Medical Records from [REDACTED]
- Medical Treatment Utilization Schedule

1) Regarding the request for pain management consultation/referral:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Independent Medical Exams and Consultations Section, (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), which is a medical treatment guideline that is not part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer relied on the Chronic Pain Medical Treatment Guidelines (2009), pages 8, 76-77, which are part of the MTUS.

Rationale for the Decision:

The employee was injured on 4/7/2010. The employee's medications have included MS Contin 30mg twice per day, MSIR 15mg twice per day, Gabapentin, Prilosec, Senna S, Zofran, and Topamax, buspirone, estazolam, bupropion and Cymbalta. The employee's pain was rated at 10/10 on the pain scale. Exam notes submitted revealed ambulation with a single point cane, and presence of tenderness with palpation of the lumbar spine. The provider noted limited flexion and extension, 5-/5 strength with all movements in both lower extremities, and intact sensation in the lower extremities. On 6/10/2013, the employee was still complaining of pain and stated the medications did not help. A request was submitted for pain management consultation/referral.

The MTUS Chronic Pain Medical Treatment Guidelines indicate that the physician should periodically review the course of treatment of the patient and any new information about the etiology of the pain or the patient's state of health. Continuation of modification of pain management depends on the physician's evaluation of progress towards treatment objectives. If the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities. This employee is getting significant medications from two different providers. It is reasonable that the provider consult with a pain management provider who specializes in adjustment with these medications, to include possible weaning and/or titration to provide a better therapeutic response. Further, the employee is on opioid medications, the guidelines advocate monitoring analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The records submitted and reviewed suggest that analgesia has not been effectively achieved with the medications provided. Additionally, when subjective complaints do not correlate with imaging studies and/or physical findings and/or when psychosocial issue concerns exist, a second opinion with a pain specialist and a psychological assessment should be obtained. The employee was describing 10/10 pain, yet was on significant opioid medications, which do not correlate. The guidelines support a referral to a pain management specialist at this time. The request for a pain management consultation/referral **is 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

/sab

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.