

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/7/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/2/2013
Date of Injury:	4/4/2001
IMR Application Received:	8/2/2013
MAXIMUS Case Number:	CM13-0007523

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Percocet 10-325 mg #60 is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/2/2013 disputing the Utilization Review Denial dated 8/2/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/5/2013. 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 **Percocet 10-325 mg #60 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 Physical Medicine and Rehabilitation and is licensed to practice in Oklahoma. 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 is a 53-year-old female [REDACTED] who reported an injury on 04/04/2001 as the result of being hit by a thrown mattress, injuring her head and neck. An official report of an x-ray of the cervical spine dated 04/25/2013 reported the patient is status post anterior fusion from C5-7 with anterior metallic plate and paired threaded screws; no acute osseous process and multilevel degenerative changes, from C2-T1 with variable neural foraminal stenosis and narrowing of the joints of the Luschka. The clinical note dated 07/30/2013 stated the patient reported being struck over the head with a heavy mattress over 10 years ago, then had neck surgery and was better for quite a while. The patient states that about 3 years ago, for no reason, the pain started to come back that was similar to what she has had prior to surgery. The patient states the pain radiates into the left arm with some numbness and tingling and difficulty holding onto things. The patient complains of headaches as well. The clinical note reported physical findings of limited range in extension of the head and neck, positive Spurling's on the left and tenderness in the base of the neck posteriorly to the left. The patient received a cervical epidural steroid injection 07/29/2013; however, the results of the injection were not included with the submitted documentation. A request for OxyContin 20 mg, Norco 10/325 mg, and Percocet 10/325 was certified for OxyContin and Norco and partially certified for Percocet quantity 90, instead of the requested 160.

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 Percocet 10-325 mg #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 (2009) (MTUS), pages 80-81 Opioids for Chronic Pain.

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

Rationale for the Decision:

MTUS Guidelines state the criteria for ongoing pain management with opioids should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Furthermore, the pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. The clinical information submitted for review fails to provide evidence of pain relief, functional status, appropriate medication use, or the employee's side effects. Additionally, the clinical information does not contain a detailed pain assessment. Furthermore, the guidelines recommend the use of random drug testing to ensure individual compliance with the prescribed medication regimen. The submitted documentation fails to provide evidence of a urine drug screen. **The request for Percocet 10-325 mg #60 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.