

Notice of Independent Medical Review Determination

Dated: 12/4/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/25/2013
Date of Injury: 10/22/2010
IMR Application Received: 8/12/2013
MAXIMUS Case Number: CM13-0009702

- 1) MAXIMUS Federal Services, Inc. has determined the request for **90 Hydcodone/Apap 10/325mg is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **one pain psychology consult is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **one prescription for Medrox patches is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/12/2013 disputing the Utilization Review Denial dated 7/25/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/18/2013. 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 **90 Hydcodone/Apap 10/325mg is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **one pain psychology consult is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **one prescription for Medrox patches 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 Preventative 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain, foot pain, low back pain, and shoulder pain reportedly associated with an industrial injury of October 22, 2010.

Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; prior left knee arthroscopy; prior right knee arthroscopy; a cane; right foot surgery; unspecified numbers of cervical epidural steroid injections; left shoulder arthroscopy and debridement procedure of May 20, 2013; and apparent imposition of work restrictions. It does not appear that the applicant's work limitations have been accommodated by the employer.

In a utilization review report of July 25, 2013, the claims administrator denied a request for Norco, denied a request for pain psychology consultation, approved general follow up visit and denied topical pain patches. The applicant subsequently appealed, on July 30, 2013.

The most recent clinical progress note prior to the utilization review decision of June 20, 2013 is notable for comments that the applicant reports diminution of pain levels through ongoing usage of Norco and Medrox patches. The applicant states that he has improved after left shoulder surgery one month prior. The applicant exhibits 4+/5 bilateral lower extremity strength with intact upper and lower extremity reflexes. The

applicant does exhibit an antalgic gait requiring usage of a cane. Recommendations are made for the applicant to continue home exercises, Norco, and Medrox for pain relief. A pain psychology consultation is sought for depression and anxiety. Medications are seemingly refilled.

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 and Employee Representative
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for 90 Hydrocodone/Apap 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 California Chronic Pain Medical Treatment Guidelines, which is a part of the MTUS, (May 2009).

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, When to continue Opioids, pg. 80 of 127, which is a part of the MTUS.

Rationale for the Decision:

As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, criteria for continuation of opioid therapy include evidence of improved functioning, successful return to work, and/or reduction in pain through ongoing usage of opioids. A review of the records indicates that in this case, it appears that the employee met at least two or three of these criteria. Namely, the employee reported improved functioning and reduced pain through ongoing usage of opioid. It was on stated on June 2013 progress note that the employee's ability to perform activities of daily living had been improved as result of medication usage. It is further noted that the employee was approximately one-month removed from the date of surgery as of the date of request. Continuing to provide Norco in the immediate postoperative context was indicated, even if there was some dispute as to whether or not the employee effected functional improvement through ongoing usage of Norco. **The request for 90 Hydrocodone/Apap 10/325mg is medically necessary and appropriate.**

2) Regarding the request for one pain psychology consult:

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 California Chronic Pain Medical Treatment Guidelines, Pain Psychology Consultation, which is a part of the MTUS.

The Expert Reviewer based his/her decision on the Stress Related Conditions Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 15), Referral, pg. 398, which is a part of the MTUS.

Rationale for the Decision:

As noted in the MTUS-adopted ACOEM guidelines in chapter 15, specialty referral is indicated for those applicants with persistent symptoms of anxiety and depression, which persists for greater than six to eight weeks. A review of the records indicates that in this case, the chronicity of the employee's mental health issues does warrant a pain psychology consultation. It is further noted that page 101 of the MTUS Chronic Medical Treatment Guidelines also endorses psychological treatment in the chronic pain population. Thus, the proposed pain psychological consultation is certified, whether it is being sought for pain purposes, depression purposes, or some combination of the two. **The request for one pain psychology consult is medically necessary and appropriate.**

3) Regarding the request for one prescription for Medrox patches:

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 (May 2009), which is a part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Topical Analgesics, pg. 111 and Initial Approaches to Treatment (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 3), Oral Pharmaceuticals, pg. 47, which are a part of the MTUS.

Rationale for the Decision:

As noted in the MTUS-adopted ACOEM guidelines in chapter 3, oral pharmaceuticals are the first line palliative measure. A review of the records indicates that in this case, the employee is using first line oral Norco without any reported difficulty, impendent, and/or impairment, obviating the need for topical compounded Medrox which, per the MTUS Chronic Pain Medical Treatment Guidelines, is "largely experimental" and is per ACOEM table 3-1 "not recommended." Therefore, the original utilization review decision is upheld. **The request for one prescription for Medrox patches 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
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