
Notice of Independent Medical Review Determination

Dated: 8/30/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/5/2013
Date of Injury: 5/9/2008
IMR Application Received: 7/17/2013
MAXIMUS Case Number: CM13-0001798

- 1) MAXIMUS Federal Services, Inc. has determined the request for Oxycotin 30mg # 90 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Oxycodone-IR 30mg # 240 **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Omeprazole 20mg # 30 **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for Allergist/Immunologist Consult to confirm or deny Buprenorphine **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/17/2013 disputing the Utilization Review Denial dated 7/5/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/19/2013. 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 # 90 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Oxycodone-IR 30mg # 240 **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Omeprazole 20mg # 30 **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for Allergist/Immunologist Consult to confirm or deny Buprenorphine **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 Internal 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.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 5, 2013

“Review of the medical documentation identifies the patient sustained an industrial injury on 05/09/08 due to heavy lifting while operating heavy equipment for the water department. Patient has been under the care of treating physician for low back derangement and left lower extremity radiculopathy. Urine Drug Screen dated 04/30/13 revealed inconsistent results. It was noted patient tested negative for prescribed soma and hydrocodone and was positive for methadone, which was not prescribed. The most recent evaluation dated 06/18/13 is provided for review. It was noted that patient is currently taking buprenorphine, which precludes him from taking any other opioid pain medications. Patient currently reports mid back and left-sided low back and hip pain associated with radiation to the posterior aspect of the left lower extremity with burning sensation in the left thigh. Physical examination noted tenderness of the quadratus lumborum musculature bilaterally, reduced range of motion, positive straight leg raise at greater than 45 degrees. Sensation revealed paresthesias produced by pinprick and light touch in the posterior aspect of the left thigh. A review of records was done 07/22/12 with findings that narcotics have been mis-used, and the patient stated he would go back to modified duty work if he was provided with narcotics.”

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 dated 7/17/2013
- Utilization Review Determination provided by [REDACTED] dated 7/05/2013
- Medical Records from 7/10/2012 through 7/09/2013
- California Chronic Pain Medical Treatment Guidelines, 2009, Opioids, Oxycodone/Oxycontin, page 92
- California Chronic Pain Medical Treatment Guidelines, 2009, NSAID's, GI symptoms, & cardiovascular risk – PPI, Omeprazole, page 68
- American College of Occupational and Environmental Medicine (ACOEM), guidelines, Foundation Chapters, Independent Medical Exams and Consultations, Referral Issues, Chapter 6, page 166

1) Regarding the request for Oxycontin 30mg # 90:**Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:**

The Claims Administrator based its decision on the Chronic Pain Medical Guidelines, 2009, Opioids, Oxycodone/Oxycontin, page 92, of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the section of the MTUS used by the Claims Administrator applicable and relevant to the issue at dispute.

Rationale for the Decision:

The employee injured the low back and left lower extremity on 5/09/2008. The submitted and reviewed medical records indicate treatment has included an MRI, epidural steroid injection, and pain medications. The most recent medical record, dated 7/9/2013, indicates that the employee continues to have constant mid back and left sided low back and hip pain. The request was submitted for Oxycontin 30mg # 90, Oxycodone-IR 30mg # 240, Omeprazole 20mg # 30, and an Allergist/Immunologist consult to confirm or deny Buprenorphine.

The MTUS Chronic Pain guidelines indicate that Oxycontin is utilized for chronic pain therapy. The submitted medical records indicate that the employee is taking Buprenorphine, a medication utilized for chronic opioid addiction, which would preclude the prescribing of opioids. Additionally, the employee has tested positive for Methadone, which was not prescribed, and narcotic abuse is of concern. The request for Oxycontin 30mg # 90 is not medically necessary and appropriate.

2) Regarding the request for Oxycodone-IR 30mg # 240:

Medical Treatment Guideline(s) 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, Opioids, Oxycodone/Oxycontin, page 92, of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the section of the MTUS used by the Claims Administrator applicable and relevant to the issue at dispute.

Rationale for the Decision:

The employee injured the low back and left lower extremity on 5/09/2008. The submitted and reviewed medical records indicate that the employee has had an MRI, epidural steroid injection, and pain medications. The most recent medical record, dated 7/9/2013, indicated that the employee continued to have constant mid back and left sided low back and hip pain. The request was submitted for Oxycontin 30mg # 90, Oxycodone-IR 30mg # 240, Omeprazole 20mg # 30, and an Allergist/Immunologist consult to confirm or deny Buprenorphine.

The MTUS Chronic Pain guidelines indicate that Oxycodone-IR is utilized for chronic pain therapy. The submitted medical records indicate that the employee is taking Buprenorphine, a medication utilized for chronic opioid addiction, which would preclude the prescribing of opioids. Additionally, the employee has tested positive for Methadone, which was not prescribed, and narcotic abuse is of concern. The request for Oxycodone 30mg # 240 is not medically necessary and appropriate.

3) Regarding the request for Omeprazole 20mg # 30:

Medical Treatment Guideline(s) 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, NSAIDs, GI symptoms & cardiovascular risk, PPI (Omeprazole), page 68. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the section of the MTUS used by the Claims Administrator applicable and relevant to the issue at dispute.

Rationale for the Decision:

The employee injured the low back and left lower extremity on 5/09/2008. The submitted and reviewed medical records indicate that the employee has had an MRI, epidural steroid injection, and pain medications. The most recent medical record, dated 7/9/2013, indicated that the employee continued to have constant mid back and left sided low back and hip pain. The request was submitted for Oxycontin 30mg # 90, Oxycodone-IR 30mg # 240, Omeprazole 20mg # 30, and an Allergist/Immunologist consult to confirm or deny Buprenorphine.

The MTUS Chronic Pain guidelines support the utilization of proton pump inhibitors when the employee is at risk for GI complications, including GI bleeding or reflux disease.

The submitted medical records do not indicate that the employee has a history of GI upset, or is at risk for GI disorders. The rationale for the utilization of this medication has not been established. The request for Omeprazole 20mg # 30 is not medically necessary and appropriate

4) Regarding the request for Allergist/Immunologist Consult to confirm or deny Buprenorphine:

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

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM) guidelines, 2004, 2nd Edition, Chapter 6, Referrals, page 166, a medical treatment guideline (MTG) not part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the section of the guidelines used by the Claims Administrator applicable and relevant to the issue at dispute.

Rationale for the Decision:

The employee injured the low back and left lower extremity on 5/09/2008. The submitted and reviewed medical records indicate that the employee has had an MRI, epidural steroid injection, and pain medications. The most recent medical record, dated 7/9/2013, indicated that the employee continued to have constant mid back and left sided low back and hip pain. The request was submitted for Oxycontin 30mg # 90, Oxycodone-IR 30mg # 240, Omeprazole 20mg # 30, and an Allergist/Immunologist consult to confirm or deny Buprenorphine.

The guidelines indicate that referrals may help determine the appropriateness of current course, treatment or medical management. The submitted records indicate that the employee had serious side effects from the requested medication, and do not document a rationale for continuing with its usage. The requested Allergist/Immunologist consult to confirm or deny Buprenorphine allergy 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;

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

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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.