
Notice of Independent Medical Review Determination

Dated: 10/7/2013

[REDACTED]

[REDACTED]

[REDACTED]

| | |
|---------------------------|--------------|
| Employee: | [REDACTED] |
| Claim Number: | [REDACTED] |
| Date of UR Decision: | 7/8/2013 |
| Date of Injury: | 5/8/2003 |
| IMR Application Received: | 7/19/2013 |
| MAXIMUS Case Number: | CM13-0002158 |

- 1) MAXIMUS Federal Services, Inc. has determined the request for morphine 15mg, #120 **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for MS Contin 15mg #90 **is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Omeprazole 20mg #30 **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/19/2013 disputing the Utilization Review Denial dated 7/8/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/24/2013. 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 morphine 15mg, #120 **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for MS Contin 15mg #90 **is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Omeprazole 20mg #30 **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 medical report from [REDACTED], signed by [REDACTED], MD dated 7/05/2013

"Patient returns today for routine follow up with regards to his low back pain which radiates into the right lower extremity. He has history of being injured while at work on May 8, 2003 at which time he was working for [REDACTED] as a baker. He was trying to lift approximately 40 pounds worth of plates and it is time he felt an immediate sharp pain in his low back. He was later diagnosed with a lumbar disc herniation. He had a microdiscectomy at L5-S1 in November of 2004. Patient had persistent pain after his lumbar surgery in the low back radiating to the right lower extremity. He is now on relatively high doses of opioid pain medication. He was taking MS Contin 3 times a day and MSIR for breakthrough pain in addition to Lyrica. This combination was allowing him to remain somewhat functional. Unfortunately the insurance company will not approve his medications. Therefore his pain level has increased quite a bit and his functionality has diminished. He is unable to get around as he did before and is becoming more depressed. His father recently passed away. He takes his medications responsibly and shows no sign of diversion. His testosterone levels were WNL"

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 7/19/2013

- Utilization Review Determination provided by [REDACTED] dated 7/08/2013
- Medical Records from Claims Administrator (dated 10/08/2012 through 6/06/2013)
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for 1 prescription of morphine 15mg, #120:

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, Morphine, page 75-76, 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 guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained an injury while performing heavy lifting on 5/08/03. The submitted medical records note low back pain which radiates into the right lower extremity. The employee's diagnoses have included lumbar disc herniation, radiculopathy, fibromyalgia/myositis and lumbar failed back syndrome. Prior treatment has included lumbar epidurals, surgery and opioid pain medications. A request has been submitted for morphine 15mg, #120.

The Chronic Pain guidelines note that the lowest possible dose should be prescribed to improve pain and function. Per the guidelines, there should be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The submitted medical records indicate that the employee is compliant with the pain regimen, and the treatment plan outlines specific goals. The submitted documentation notes the employee's decrease in functionality now that medication has been discontinued. The request for morphine 15mg, #120 is medically necessary and appropriate.

2) Regarding the request for 1 prescription of MS Contin 15mg #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 Treatment Guidelines, (2009), Opioids, Morphine, page 75-76, 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 guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained an injury while performing heavy lifting on 5/08/03. The submitted medical records note low back pain which radiates into the right lower extremity. The employee's diagnoses have included lumbar disc herniation, radiculopathy, fibromyalgia/myositis and lumbar failed back syndrome. Prior

treatment has included lumbar epidurals, surgery and opioid pain medications. A request has been submitted for MS Contin 15mg #90.

The Chronic Pain guidelines note that before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. Per the guidelines, there should be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The submitted medical records indicate that the employee has been compliant with this medication regimen. The guidelines support the requested medication in this setting. The request for MS Contin 15mg #90 is 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, page 68-69, 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 guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained an injury while performing heavy lifting on 5/08/03. The submitted medical records note low back pain which radiates into the right lower extremity. The employee's diagnoses have included lumbar disc herniation, radiculopathy, fibromyalgia/myositis and lumbar failed back syndrome. Prior treatment has included lumbar epidurals, surgery and opioid pain medications. A request has been submitted for omeprazole 20mg #30.

The Chronic Pain guidelines note that clinicians should weigh the indications for NSAIDs against both gastrointestinal (GI) and cardiovascular risk factors. GI risk factors are not clearly delineated in the submitted medical records. Review of systems and the physical exam do not outline or demonstrate any GI issues which would meet guideline criteria for omeprazole. The request for omeprazole 20mg #30 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

/srb

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.