

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/15/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/30/2013
Date of Injury:	5/18/2012
IMR Application Received:	8/12/2013
MAXIMUS Case Number:	CM13-0010263

- 1) MAXIMUS Federal Services, Inc. has determined the request for 1 interdisciplinary evaluation for a functional restoration program **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for 1 prescription of buprenorphine 0.1mg #60 **is 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 7/30/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/17/2013. 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 1 interdisciplinary evaluation for a functional restoration program is **medically necessary and appropriate**.
- 2) MAXIMUS Federal Services, Inc. has determined the request for 1 prescription of buprenorphine 0.1mg #60 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 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:

All medical, insurance, and administrative records provided were reviewed. The applicant is a represented former [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with industrial injury of May 18, 2012. Thus far, he has been treated with the following: Analgesic medications; transfer of care to and from various providers and various specialties; prior lumbar spine injection therapy; extensive periods of time off work; unspecified amounts of physical therapy and massage therapy. In a utilization review report of July 30, 2013, the claims administrator certified a prescription for Neurontin, partially certified a prescription for buprenorphine, and non-certified interdisciplinary evaluation for functional restoration program. On August 15, 2013, it is noted that the applicant has reported improved performance of activities of daily living in terms of ambulating, moving about, sleeping, and pain reduction through ongoing usage of Neurontin, buprenorphine, and Lidoderm patches. It is stated that the applicant should be evaluated to try enter a functional restoration program. In a request for August 22, 2013, it is acknowledged that the applicant is not working. It is stated that the applicant's current physical capacity is insufficient to pursue work, family, and recreational needs.

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 1 interdisciplinary evaluation for a functional restoration program:

The Medical Treatment Guidelines 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, Risk Stratification, Patients with Intractable Pain, pg. 6, which is part of the MTUS.

Rationale for the Decision:

As noted on page 6 of the MTUS Chronic Pain Medical Treatment Guidelines, an evaluation for admission for treatment in a multidisciplinary treatment program should be considered in those applicants who are prepared to make the effort to try and rehabilitate from chronic pain. After a review of the medical records provided, it is difficult to support the claims administrator's non-certification of the precursor evaluation for the multidisciplinary chronic pain program, particularly since it is noted that the attending provider has stated that the employee is prepared to try and make the effort to improve in terms of both work and non-work activities. **The request for 1 interdisciplinary evaluation for a functional restoration program is medically necessary and appropriate.**

2) Regarding the request for 1 prescription of buprenorphine 0.1mg #60:

The Medical Treatment Guidelines 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, When to Continue Opioids, pg. 80, which is part of the MTUS.

Rationale for the Decision:

After a review of the records provided, the employee seems to meet two of the three criteria established on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Namely, there is

reported improved functioning, improved performance of activities of daily living, and reduction in pain effected through prior usage of buprenorphine, although the it seems the employee has not returned to work. Therefore, continuing buprenorphine, an opioid, in this context appears to be indicated. **The request for 1 prescription of buprenorphine 0.1mg #60 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,

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.

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