
Notice of Independent Medical Review Determination

Dated: 9/16/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/3/2013
Date of Injury: 6/9/2012
IMR Application Received: 7/16/2013
MAXIMUS Case Number: CM13-0001609

- 1) MAXIMUS Federal Services, Inc. has determined the request for Butrans 5mcg/hr #4/30-day supply **is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/16/2013 disputing the Utilization Review Denial dated 7/3/2013. A Notice of Assignment and Request for Information was provided to the above parties on July 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 Butrans 5mcg/hr #4/30-day supply **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 Physical Medicine and Rehabilitation, 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 3, 2013

"According to the medical records, the patient is~a 55-year-old female CNA for the [REDACTED] who sustained an industrial injury to the back on June 9, 2012. She was helping to restrain a patient man was pushed and fell backwards striking her back against the end of a dialysis mnohine. The current request is from Dr. [REDACTED].

" A lumbar MRI was performed on July 11, 2012. The impression was: "posterior disc bulges of 2 to 3 mm at L2-3, 2 mm at L5-S1, and 3 mm at the narrowed L4-5 level as well as 2 mm or disc bulge and a 4 mm of retrolisthesis at L3-4 with central canal narrowing that is mild at both L3-4 and L4-5 Bilateral facet hypertrophy which is mild at L3-4 and mild to moderate at L4-5. Neural Foraminal narrowing which is mild to moderate on the left at L3-4, moderate on the right at L4-5 and bilaterally mild at L5-S1"

" The patient attended an orthopedic consultation on June 5, 2013 for low back, right buttock and leg pain. She is off work at this time. She describes pain that radiates into the buttock, hip, leg, knee and foot. She reports symptoms including giving way and numbness and a pain level of 9-10/10. Sho feels that the symptoms are worsening. She is using tramadol. She is highly allergic to iodine (cardiac arrest). Her history includes dlabetes. She has had a gastric bypass surgery. She doos not smoke. Lumbar flexion is to 60 degrees and extension to 10 degrees. Straight leg raising is negative and motor strength is 5/5. Reflexes are normal. X-rays show spondylosis in the lumbar spine and mild degenerative changes in the right hip. The diagnosis is lumbar radiculitis and history of gastric bypass surgery. •She will pick up her MRI results. She has had nerve

studies. Medical records will be requested and reviewed. Medications were not discussed in this report, except note that the patient was using tramadol.”

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 (received 7/16/13)
- Utilization Review Determination (dated 7/3/13)
- Employee medical records from [REDACTED] (dated 9/12/12-6/12/12)
- Employee medical records from [REDACTED] MD (dated 6/5/13-7/10/13)
- Employee medical records from [REDACTED] MD (dated 9/5/12)
- Employee medical records from [REDACTED] (dated 6/21/13)
- Employee medical records from [REDACTED] (dated 6/9/12)
- Chronic Pain Medical Treatment Guidelines (May, 2009), Part 2, Pain Interventions and Treatments, pg. 26-27

1) Regarding the request for Butrans 5mcg/hr #4/30-day supply:

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), pg. 26-27, which is 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 a work-related injury on June 9, 2012 to the lower back. The medical records provided for review indicate a diagnosis of lumbar radiculitis and treatment with pain medication with consistent urine drug screen in June 2013. The medical report of June 12, 2012 documents severe and constant pain, and the June 5, 2013 medical report still documents a reported pain level of 9/10. The request is for Butrans 5mcg/hr #4/30-day supply.

The MTUS Chronic Pain guidelines recommend buprenorphine (Butrans) as an option for chronic pain. The medical records provided for review indicate that the employee has high levels of pain, and has had high levels of pain for the past year. The request for Butrans 5mcg/hr #4/30-day supply 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

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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.