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**Notice of Independent Medical Review Determination**

Dated: 12/13/2013

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/10/2013

2/12/2004

7/19/2013

CM13-0002293

- 1) MAXIMUS Federal Services, Inc. has determined the request for **1 urine drug screen is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **1 lab:urinalysis is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **1 lab: complete blood count (CBC) with differential is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **1 lab: chem 20 is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for **1 lab: EIA 9 is not medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for **1 lab: free testosterone is not medically necessary and appropriate.**
- 7) MAXIMUS Federal Services, Inc. has determined the request for **1 lab: Klonopin is not medically necessary and appropriate.**
- 8) MAXIMUS Federal Services, Inc. has determined the request for **1 lab: Morphine is not medically necessary and appropriate.**

- 9) MAXIMUS Federal Services, Inc. has determined the request for **1 lab: Oxycodone** is not medically necessary and appropriate.
- 10) MAXIMUS Federal Services, Inc. has determined the request for **1 lab: thyroid stimulating hormone** is not medically necessary and appropriate.
- 11) MAXIMUS Federal Services, Inc. has determined the request for **Oxycodone HCL 5mg #120** 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 7/10/2013. 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 **1 urine drug screen is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **1 lab:urinalysis is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **1 lab: complete blood count (CBC) with differential is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **1 lab: chem 20 is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for **1 lab: EIA 9 is not medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for **1 lab: Free testosterone is not medically necessary and appropriate.**
- 7) MAXIMUS Federal Services, Inc. has determined the request for **1 lab: Klonopin is not medically necessary and appropriate.**
- 8) MAXIMUS Federal Services, Inc. has determined the request for **1 lab: Morphine is not medically necessary and appropriate.**
- 9) MAXIMUS Federal Services, Inc. has determined the request for **1 lab: Oxycodone is not medically necessary and appropriate.**
- 10)MAXIMUS Federal Services, Inc. has determined the request for **1 lab: thyroid stimulating hormone is not medically necessary and appropriate.**
- 11)MAXIMUS Federal Services, Inc. has determined the request for **Oxycodone HCL 5mg #120 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 Cardiology, has a subspecialty in Cardiovascular Disease and is licensed to practice in Texas. 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 patient is a 35-year-old male who reported a work-related injury on 02/12/2004, mechanism of injury was strain to the lumbar spine. The patient presents for treatment of the following diagnoses, low back pain, radiculopathy of the thoracic spine or lumbosacral spine, lumbar sprain and strain, chronic pain due to trauma, hypoactive sexual desire disorder, depression, anxiety, lumbosacral spondylosis without myelopathy, sciatica, COAT, and insomnia. The clinical note dated 07/26/2013 reports the patient was seen under the care of Dr. [REDACTED]. The provider documents the patient reports his pain level as moderate to severe and worsening. The provider documents the patient utilizes the following medication regimen: aspirin, Celexa, clonazepam, diltiazem ER 120 mg, Effexor extended release 75 mg, MS Contin 15 mg, omeprazole 20 mg, and oxycodone 5 mg. The provider documents the patient reports chest pain, irregular heartbeat, palpitations, and pain in the bilateral lower extremities when ambulating, abdominal pain, change in stool pattern, heartburn, anxiety, extremity weakness, insomnia, numbness to the lower extremities, back pain, joint pain, and muscle weakness. The provider documents the patient reports his pain to be at 7/10. The provider documents the patient reports he consumes alcohol as well as marijuana to assist with his pain complaints and insomnia. On 07/26/2013 reveals chemical analysis of the patient's medication regimen, including the Chem 20, EIA-9, testosterone level, Klonopin, morphine, oxycodone, and TSH.

### **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 the Claims Administrator and the Employee/Employee Representative

#### **1) Regarding the request for 1 urine drug screen :**

##### The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009), pgs. 10 & 32-33, which is not a part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Opioids, On-Going Management, page 78, which is a part of MTUS.

##### Rationale for the Decision:

The current request previously received an adverse determination, as the employee has undergone multiple urinalyses, as well as blood screenings for medication use. The California MTUS supports the, "Use of drug screening or inpatient treatment with histories of abuse, addiction, or poor pain control." The

most recent examination in the medical records submitted for review, indicates the employee's urine and blood tests did not reveal any deviance from the medication regimen. The request is not in accordance with guidelines recommendations. **The request for 1 urine drug screen is not medically necessary and appropriate.**

**2) Regarding the request for 1 lab:urinalysis :**

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Rolfs RT, Johnson E, Williams NJ, Sundwall DN; J Pain Palliat Care Pharmacother, 2010 Sep;24(3):219-35.doi: 10.3109/15360288.2020.503265. "Utah clinical guidelines on prescribing opioids for treatment of pain." Utah Department of Health, Salt Lake City, Utah (rrolfs@utah.gov), which is not a part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Opioids, On-Going Management, page 78, which is a part of MTUS.

Rationale for the Decision:

The current request previously received an adverse determination, as the employee has undergone multiple urinalyses, as well as blood screenings for medication use. The California MTUS supports the, "Use of drug screening or inpatient treatment with histories of abuse, addiction, or poor pain control." The most recent examination in the medical records submitted for review, indicates the employee's urine and blood tests did not reveal any deviance from the medication regimen. The request is not in accordance with guidelines recommendations. **The request for 1 Lab: Urinalysis is not medically necessary and appropriate.**

**3) Regarding the request for 1 lab: complete blood count (CBC) with differential:**

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, which is a part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Opioids for Chronic Pain, page 81, which is a part of MTUS.

Rationale for the Decision:

The MTUS Guidelines indicate that routine laboratory studies including periodic lab monitoring of a CBC and chemistry profiles for patients taking NSAIDs is supported. The medical records provided for review for the employee's current medication regimen does not provide evidence for any use of anti-inflammatories. **The request for 1 Lab: CBC with differential is not medically necessary and appropriate.**

**4) Regarding the request for 1 lab: chem 20 :**

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, which is a part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Opioids, On-Going Management, page 78, which is a part of MTUS.

Rationale for the Decision:

The MTUS Guidelines supports the "Use of drug screening or inpatient treatment with histories of abuse, addiction, or poor pain control." The medical records provided for review indicate the employee has undergone multiple urinalyses, as well as blood screenings for the prescribed medications. The most recent examination of the employee's urine and blood did not reveal any aberrant drug behaviors or a deviance from the employee's medication regimen. **The request for 1 Lab: Chem 20 is not medically necessary and appropriate.**

**5) Regarding the request for 1 lab: EIA 9 :**

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the EIA 9, Test Code, [http://www.questdiagnostics.com/testcenter/BUOiderfuro:aCiion?tc=31635X&la.bCde=QUX,RolfsRT,JohnsonE,WilliamsNJ,SundwallDN;JPainPalliatCarePharmacother,2010Sep;24\(3\):219-35.doi:10.3109/15360288.2020.503265](http://www.questdiagnostics.com/testcenter/BUOiderfuro:aCiion?tc=31635X&la.bCde=QUX,RolfsRT,JohnsonE,WilliamsNJ,SundwallDN;JPainPalliatCarePharmacother,2010Sep;24(3):219-35.doi:10.3109/15360288.2020.503265). "Utah clinical guidelines on prescribing opioids for treatment of pain". Utah Department of Health, Salt Lake City, Utah (rrolfs@utah.gov), which is not a part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Opioids, On-Going Management, page 78, which is a part of MTUS.

Rationale for the Decision:

The MTUS Guidelines support the, "Use of drug screening or inpatient treatment with histories of abuse, addiction, or poor pain control." The medical records provided for review indicate the employee has undergone multiple urinalyses, as well as blood screenings for the prescribed medication use. The most recent

examination of the employee's urine and blood did not reveal any aberrant drug behaviors or a deviance from the employee's medication regimen. **The request for 1 Lab: EIA 9 is not medically necessary and appropriate.**

**6) Regarding the request for 1 lab: free testosterone :**

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, which is a part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Opioids for Chronic Pain, page 81, which is a part of MTUS.

Rationale for the Decision:

The MTUS Guidelines indicate testosterone replacement for hypogonadism in limited circumstances for patients utilizing high dose long-term opioids with documented low testosterone levels is supported. However, routine testing of testosterone levels is not recommended. The medical records provided for review reveal the employee has undergone multiple testing of testosterone levels within the past 3 to 6 months. There have been no abnormalities noted. **The request for 1 Lab: Free testosterone is not medically necessary and appropriate.**

**7) Regarding the request for 1 lab: Klonopin :**

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Rolfs RT, Johnson E, Williams NJ, Sundwall DN; JPain Palliat Care Pharmacother, 2010 Sep;24(3):219-35.doi: 10.3109/15360288.2020.503265. "Utah clinical guidelines on prescribing opioids for treatment of pain." Utah Department of Health, Salt Lake City, Utah (rrolfs@utah.gov), which is not a part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Opioids, On-Going Management, page 78, which is a part of MTUS.

Rationale for the Decision:

The MTUS Guidelines support the, "Use of drug screening or inpatient treatment with histories of abuse, addiction, or poor pain control." The medical records provided for review indicate the employee has undergone multiple urinalyses, as well as blood screenings for the prescribed medication use. The most recent examination of the employee's urine and blood did not reveal any aberrant drug behaviors or a deviance from the employee's medication regimen. **The request for 1 Lab: Klonopin is not medically necessary and appropriate.**

**8) Regarding the request for 1 lab: Morphine :**

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Rolfs RT, Johnson E, Williams NJ, Sundwall DN JPain Palliat Care Pharmacother, 2010 Sep;24(3):219-35.doi: 10.3109/15360288.2020.503265. Utah clinical guidelines on prescribing opioids for treatment of pain.; Utah Department of Health, Salt Lake City, Utah (rrolfs@utah.gov), which is not a part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Opioids, On-Going Management, page 78, which is a part of MTUS.

Rationale for the Decision:

The MTUS Guidelines support the, “Use of drug screening or inpatient treatment with histories of abuse, addiction, or poor pain control.” The medical records provided for review indicate the employee has undergone multiple urinalyses, as well as blood screenings for the prescribed medication use. The most recent examination of the employee’s urine and blood did not reveal any aberrant drug behaviors or a deviance from the employee’s medication regimen. **The request for 1 Lab: Morphine is not medically necessary and appropriate.**

**9) Regarding the request for 1 lab: Oxycodone :**

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Rolfs RT, Johnson E, Williams NJ, Sundwall DN; JPain Palliat Care Pharmacother, 2010 Sep;24(3):219-35.doi: 10.3109/15360288.2020.503265. “Utah clinical guidelines on prescribing opioids for treatment of pain.” Utah Department of Health, Salt Lake City, Utah (rrolfs@utah.gov), which is not a part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Opioids, On-Going Management, page 78, which is a part of MTUS.

Rationale for the Decision:

The MTUS Guidelines support the, “Use of drug screening or inpatient treatment with histories of abuse, addiction, or poor pain control.” The medical records provided for review indicate the employee has undergone multiple urinalyses, as well as blood screenings for the prescribed medication use. The most recent examination of the employee’s urine and blood did not reveal any aberrant drug behaviors or a deviance from the employee’s medication regimen. **The request for 1 Lab: Morphine is not medically necessary and appropriate.**

**10) Regarding the request for 1 lab: thyroid stimulating hormone :**

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Medical Services Commission. Thyroid function tests: diagnoses and monitoring of thyroid function disorders in adults. Victoria (BC): British Columbia Medical Services Commission; 2010 Jan 1. 6 p., which is not a part of MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the Merck Manual, which is not a part of MTUS.

Rationale for the Decision:

The current request previously received an adverse determination, as routine thyroid function testing is not recommended in asymptomatic adults. Upon reviewing the clinical documentation, the clinical notes did not evidence the employee presented with any thyroid insufficiency or problems. **The request for 1 lab: TSH is not medically necessary and appropriate.**

**11) Regarding the request for Oxycodone HCL 5mg #120 :**

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, which is a part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Opioids, On-Going Management, page 78, which is a part of MTUS.

Rationale for the Decision:

The MTUS Guidelines indicate, "4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." The medical records provided for review indicate the employee is diagnosed with alcohol dependent syndrome and substance abuse. **The request for Oxycodone HCL 5mg #120 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  
1515 Clay Street, 18<sup>th</sup> Floor  
Oakland, CA 94612

/hs

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.