
Notice of Independent Medical Review Determination

Dated: 10/14/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/2/2013

3/2/2004

7/23/2013

CM13-0002748

- 1) MAXIMUS Federal Services, Inc. has determined the request for a urine drug screen **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Prednisone 10mg #60 **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Buprenorphine troches 4mg #60 **is medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for Suboxone 8mg #30 **is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/23/2013 disputing the Utilization Review Denial dated 7/2/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/26/2013. 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 a urine drug screen **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Prednisone 10mg #60 **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Buprenorphine troches 4mg #60 **is medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for Suboxone 8mg #30 **is medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent expert reviewer 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 2, 2013:

“The patient is a 44 year old female with a date of injury of 3/2/2004. The provider has submitted a prospective request for the following: one urine drug screen, one prescription of prednisone 10 mg #60, one prescription of buprenorphine troches 4 mg #60, and one prescription of Suboxone 8 mg #30. According to the submitted clinical reporting dated 6/17/13, the patient reported that her condition had flared up, with it detailed that she had severe low back pain radiating into both legs. On said date, she was diagnosed with the following: chronic pain syndrome, lumbar radiculopathy, prescription narcotic dependence, myofascial syndrome, status post left tibial fibular fracture and open reduction internal fixation, obesity, chronic pain related depression, chronic pain related anxiety, and chronic pain related insomnia. Physical examination, performed on the aforesaid date, showed high blood pressure and a body mass index indicating obesity. Prior treatment had consisted many of the above mentioned medications, with less than favorable results.”

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 07/23/2013)
- Utilization Review Determination from [REDACTED] (dated 07/03/2013)
- Medical Treatment Utilization Schedule

NOTE: Medical records were not submitted timely for review of this case.

1) Regarding the request for a urine drug screen:

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), which are part of the California Medical Treatment Utilization Schedule (MTUS), but did not cite a specific page. The Claims Administrator also cited the University of Michigan Health System Guidelines for Clinical Care, pages 10, 32-33, which is peer-reviewed scientific medical evidence that is not part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer determined that the MTUS does not address frequency of drug testing. The Expert Reviewer relied on the Official Disability Guidelines (ODG), Pain Chapter, Urine Drug Testing section, which is a medical treatment guideline that is not part of the MTUS.

Rationale for the Decision:

The employee sustained a work related injury on 3/2/2004 to the lower back. Diagnoses include chronic pain syndrome, lumbar radiculopathy, prescription narcotic dependence, myofascial syndrome, status post left tibial fibular fracture and open reduction internal fixation, obesity, chronic pain related depression, chronic pain related anxiety, and chronic pain related insomnia. Treatment has included medication management. The request is for a urine drug screen.

The ODG recommends the following frequencies for urine drug screens: for low risk patients, up to 2 drug screens per year; for moderate risk patients, between 2-3 per year; and for high risk patients with active substance abuse disorder, monthly drug screens may be appropriate. The records submitted for review do not discuss the employee's risk level, and the employee has already had 3 urine drug screens this year. Given that the employee is no longer on the opiates, it would appear that the employee falls in the low to moderate range. The frequency of urine drug screen provided is not in accordance with the ODG guidelines. The request for a urine drug screen **is not medically necessary and appropriate.**

2) Regarding the request for Prednisone 10MG #60:

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

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Pain Chapter, Oral Corticosteroids section, which is a medical treatment guideline that is not part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer determined that the MTUS does not address the issue in dispute. 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 3/2/2004 to the lower back. Diagnoses include chronic pain syndrome, lumbar radiculopathy, prescription narcotic dependence, myofascial syndrome, status post left tibial fibular fracture and open reduction internal fixation, obesity, chronic pain related depression, chronic pain related anxiety, and chronic pain related insomnia. Treatment has included mediation management. The request is for Prednisone 10mg #60.

The ODG indicates oral corticosteroids are not recommended for chronic pain and there is no data on the efficacy and safety of systemic corticosteroids in chronic pain. Given their serious adverse effects, they should be avoided. The guideline does not support the request. **The request for Prednisone 10mg #60 is not medically necessary and appropriate.**

3) Regarding the request for Buprenorphine troches 4MG #60 :

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) which are part of the California Medical Treatment Utilization Schedule (MTUS), but did not cite a specific section. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer based his/her decision on Chronic Pain Medical Treatment Guidelines (2009), pages 11, 26-27, which are part of the MTUS.

Rationale for the Decision:

The employee sustained a work related injury on 3/2/2004 to the lower back. Diagnoses include chronic pain syndrome, lumbar radiculopathy, prescription narcotic dependence, myofascial syndrome, status post left tibial fibular fracture and open reduction internal fixation, obesity, chronic pain related depression, chronic pain related anxiety, and chronic pain related insomnia. Treatment has included mediation management. The request is for Buprenorphine troches 4mg #60.

The MTUS Chronic Pain Guidelines recommend Buprenorphine for treatment of opiate addiction, and for chronic pain in individuals that have underwent detoxification for opiate dependence. The medical records indicate the diagnosis

of prescription narcotic dependence. The MTUS Chronic Pain Guidelines require physicians to use clinical judgment in determining the selection of treatment, duration and intensity for the individual case. In this case, the employee has responded favorably to prior Buprenorphine therapy. The request for Buprenorphine troches 4mg #60 **is medically necessary and appropriate.**

4) Regarding the request for Suboxone 8MG #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) which is a part of 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. The Expert Reviewer based his/her decision on MTUS Chronic Pain Medical Treatment Guidelines, pg 26-27, and pg 11 of 127.

Rationale for the Decision:

The employee sustained a work related injury on 3/2/2004 to the lower back. Diagnoses include chronic pain syndrome, lumbar radiculopathy, prescription narcotic dependence, myofascial syndrome, status post left tibial fibular fracture and open reduction internal fixation, obesity, chronic pain related depression, chronic pain related anxiety, and chronic pain related insomnia. Treatment has included medication management. The request is for Suboxone 8mg #30.

The MTUS Chronic Pain Guidelines require physicians to use clinical judgment in determining the selection of treatment, duration and intensity for the individual case. In this case, the employee was unable to tolerate the film form of Suboxone, and the physician is requesting sublingual tablets. The request is in accordance to MTUS guidelines. The request for Suboxone 8mg #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

/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.