
Notice of Independent Medical Review Determination

Dated: 11/8/2013

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/24/2013

10/31/1995

8/2/2013

CM13-0006425

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Oxycontin 40mg** is medically necessary and appropriate.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Roxicodone 30mg** is medically necessary and appropriate.
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Tramadol 50mg** is medically necessary and appropriate.
- 4) MAXIMUS Federal Services, Inc. has determined the request for **Soma** is not medically necessary and appropriate.
- 5) MAXIMUS Federal Services, Inc. has determined the request for **Neurontin 300mg** is medically necessary and appropriate.
- 6) MAXIMUS Federal Services, Inc. has determined the request for **Omeprazole 20mg** is medically necessary and appropriate.

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/2/2013 disputing the Utilization Review Denial dated 7/25/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/27/2013. 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 **Oxycontin 40mg is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Roxicodone 30mg is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Tramadol 50mg is medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **Soma is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for **Neurontin 300mg is medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for **Omeprazole 20mg 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.

Expert Reviewer Case Summary:

There are 4 medical records available for review:

8/26/13 Operative report, right knee Total Knee Arthroscopy (TKA), [REDACTED], MD

8/26/13 consults, [REDACTED], MD. 61 YO, M, s/p right Total Hip Arthroscopy (THA), history of left TKA, and history of bilateral knee Osteoarthritis (OA) and multiple knee surgeries. He also has multiple cervical and lumbar sacral fusions. He had 7 surgeries on each shoulder and long-term use of opioids for chronic pain. Currently on OxyContin and oxycodone and tramadol. He had multiple Epidural steroid injections (ESI) and multiple knee injections. Past medical history of Hypertension (HTN), hyperlipidemia, Diabetes. Meds: OxyContin 20 or 40 mg twice a day depending on pain; Oxycodone 30mg 6/day; Soma 350mg 3/day; tramadol 50mg 2/day; gabapentin 30mg 3/day; omeprazole 20mg 1/day; Isosorbide 30mg daily; Nitrostat 0.4mg 3/day; clonidine 0.2mg

2/day; ramipril 5mg 1/day; metoprolol 25mg 1/day; 21mg ASA 1/day; Niaspan 500mg 1/day atorvastatin 20mg 1/day and diabetes medications.

7/22/13 PR2, [REDACTED], MD chronic severe LBP 6/10 today, 70% relief with RF in July? Pain radiates bilateral legs. Tired Physical therapy (PT) and NSAIDs over 3 mos, no relief. Lumbar spasms. Continue meds, refill.

7/22/13 letter of medical necessity, [REDACTED], MD for Oxycontin 40mg bid; Roxicodone 30mg 1-2 tabs 3times a day; tramadol 50 mg twice daily; soma 3/day; neuronin 400mg 3/day; omeprazole 20mg daily he has lumbar Degenerative Disc Disease (DDD), history of fusion L2/3, has been doing well with pain medications, home exercise and lumbar injections, ESI up to 3/year and facet 3/year. The current medications are helping relieve his pain to the point that he is extremely functional and do Activities of Daily Living (ADL's). He is stable on the current pain medications. OxyContin 40mg bid is long acting, and Roxicodone is for breakthrough. Tramadol helps with the other pain medications. The Carrier has suggested change to long-acting Morphine, but the patient is extremely allergic to Morphine that causes nausea vomiting and dizziness. The pain is 5-6/10 at this time there is mild muscle spasms but the pain medications control the pain to a satisfactory level. The Neurontin helps the burning pain. Omeprazole helps his upset stomach from the other medications. Soma was for muscle spasms, he tried other muscle relaxants which did not work.

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 Oxycontin 40mg :

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Oxycodone, When to discontinue use, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Long-term Opioid use, pages 88-89, which is part of the MTUS.

Rationale for the Decision:

The Chronic Pain guidelines for Opioids, long-term users states "Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life, and that Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." The Chronic Pain guidelines also states under Strategies for maintenance, "Do not attempt to lower the dose if it is working" A Review of the submitted medical records indicates that the

employee is reported to have long-term use of opioids, which has been reported to have pain relief to tolerable levels and functional improvement with Activities of Daily Living (ADLs). The records indicate that the employee is stable on the current dosage. The records documented that the employee has numeric ratings for pain levels that are satisfactory and allowed the employee to be functional. **The request for OxyContin 40mg is medically necessary and appropriate.**

2) Regarding the request for Roxicodone 30mg :

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Oxycodone, When to discontinue use, which is part of the MTUS and the Official Disability Guidelines (ODG), Pain (Chronic), which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Long-term Opioid use, pages 88-89, which is part of the MTUS.

Rationale for the Decision:

The Chronic Pain guidelines for Opioids, long-term users states “Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life, and that Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument.” The Chronic Pain guidelines also states under Strategies for maintenance, “Do not attempt to lower the dose if it is working” A Review of the submitted medical records indicates that the employee is reported to have long-term use of opioids, which has been reported to have pain relief to tolerable levels and functional improvement with Activities of Daily Living (ADLs). The records indicate that the employee is stable on the current dosage. The records documented the the employee has numeric ratings for pain levels that are satisfactory and allowed the employee to be functional. **The request for Roxicodone 30mg is medically necessary and appropriate.**

3) Regarding the request for Tramadol 50mg :

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Tramadol (Ultram), which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Long-term Opioid use, pages 88-89, which is part of the MTUS.

Rationale for the Decision:

The Chronic Pain guidelines for Opioids, long-term users states “Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life, and that Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument.” The Chronic Pain guidelines also states under Strategies for maintenance, “Do not attempt to lower the dose if it is working” A Review of the submitted medical records indicates that the employee is reported to have long-term use of opioids, which has been reported to have pain relief to tolerable levels and functional improvement with Activities of Daily Living (ADLs). The records indicate that the employee is stable on the current dosage. The records documented that the employee has numeric ratings for pain levels that are satisfactory and allowed the employee to be functional.

The request for Tramadol 50mg is medically necessary and appropriate.

4) Regarding the request for Soma :

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Carisoprodol (Soma®), which is part of the MTUS and the Official Disability Guidelines (ODG), Pain, (Chronic), which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Carisoprodol (Some®), page 29, which is part of the MTUS.

Rationale for the Decision:

The request is not in accordance with MTUS guidelines. MTUS does not recommend Soma.

5) Regarding the request for Neurontin 300mg :

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Gabapentin (Neurontin®), which his part of the MTUS

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Nerurontin, pages 18-19, which is part of the MTUS.

Rationale for the Decision:

The Chronic Pain guidelines recommend Neurontin as a first-line treatment for neuropathic pain. A review of the submitted medical records indicates that the employee is reported to have neuropathic pain down both legs. The medical records document that Neurontin helps with the burning pain, and overall the medication reduces the pain to 6/10, which allows the employee to be functional.

The request for Neurontin 300mg is medically necessary and appropriate.

6) Regarding the request for Omeprazole 20mg:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms and cardiovascular risk, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms and cardiovascular risk, pages 68-69, which is part of the MTUS.

Rationale for the Decision:

The Chronic Pain guidelines recommend NSAIDs in certain cases. Review of the submitted medical records indicates that the employee has cardiovascular disease and takes aspirin. The records do not indicate that the employee is taking any NSAIDs, however is reported to have dyspepsia and GI issues from other the other medications. **The request for Omeprazole 20mg 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

/db

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.