

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 12/16/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/10/2013
Date of Injury:	7/20/2010
IMR Application Received:	8/12/2013
MAXIMUS Case Number:	CM13-0009400

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Butrans 20mcg/hr one patch every seven days is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Omeprazole 20mg one tablet my mouth every day is not 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 7/10/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/11/2013. 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 20mcg/hr one patch every seven days** is not **medically necessary and appropriate**.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Omeprazole 20mg one tablet my mouth every day** 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 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:**

This case involves a 55-year-old male, who sustained a work injury on 7/20/2010 while working on a farm in [REDACTED], in which he was carrying rocks. While doing so a large rock fell on his right foot and broke it. Since his injury, the patient had a Lisfranc amputation of the right foot in 2010. Notes made available to me for this review are dated from 4/26/2012-9/23/2013. The diagnosis relevant to this case includes: foot/ankle pain status post the Lisfranc amputation of the right foot, phantaom limb stump pain, and neuropathic dysesthesias. According to the notes, the patient was on non-steroidal anti-inflammatory drugs (NSAIDs) and Vicodin for pain control; however, the pain seemed to be constant. The patient did have complaints of aching, burning, shooting, splitting, tingling, numbness, and inflammation of the right foot. The patient was started on Butrans in 1/23/2013, but at times he did go back to Vicodin according to documentation. He was started on Omeprazole on 9/18/2012 for no specific reasons noted in the progress notes. The relevant clinical issue is whether Butrans 20mcg/hr 1 patch every 7 days and Omeprazole 20mg 1 tablet by mouth every day is medically necessary.

### **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 Butrans 20mcg/hr one (1) patch every seven (7) days:**

##### 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, Opioids for chronic pain, pages 80-81, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Buprenorphine, Opioids, criteria for use, and Opioids for chronic pain, pages 26-27, 78, and 81, which is part of the MTUS.

##### Rationale for the Decision:

The Chronic Pain Guidelines indicate that buprenorphine (Butrans) is recommended for the treatment of opiate addiction, and as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. The guidelines also indicate that long-term, observational studies have found that treatment with opioids tends to provide improvement in function and minimal risk of addiction. The medical records provided for review do not show evidence of decreased pain with the use of Butrans, the functional benefit for the employee, or objective improvement. **The request for Butrans 20mcg/hr one (1) patch every seven (7) days is not medically necessary and appropriate.**

#### **2) Regarding the request for Omeprazole 20mg one (1) tablet my mouth every day:**

##### 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, page 68, 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, page 68, which is part of the MTUS.

##### Rationale for the Decision:

The Chronic Pain Guidelines indicate that clinicians should weigh the indications for non-steroidal anti-inflammatory drugs (NSAIDs) against both gastrointestinal (GI) and cardiovascular risk factors. The guidelines also indicate that a patient is at risk for gastrointestinal events if he/she is over the age of 65, has a history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or is on a high dose/multiple NSAID use. The medical records provided for review indicate that the employee was less than 65-years-old. The medical records do not indicate that the employee had peptic ulcer disease, GI bleeding or perforation, or that the employee was on multiple NSAIDs/anticoagulation/corticosteroid medications. **The request for Omeprazole 20mg one (1) tablet by mouth every day 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

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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.