

Case Number:	CM13-0042225		
Date Assigned:	12/27/2013	Date of Injury:	12/18/2012
Decision Date:	05/15/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/17/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational 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 disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented 42-year-old [REDACTED] employee who has filed a claim for neck and low back pain reportedly associated with cumulative trauma at work first claimed on December 18, 2012. Portions of the applicant's claim have apparently been contested by the claims administrator. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of chiropractic manipulative therapy; transfer of care to and from various providers in various specialties; and topical patches. In a utilization review report of October 11, 2013, the claims administrator approved extra strength Vicodin, approved gabapentin, denied a urine drug screen, denied Prevacid, denied Cidaflex, and denied Medrox patches. The applicant's attorney subsequently appealed. A progress note of September 24, 2013 is notable for comments that the applicant reports 8/10 pain without medication and 5/10 pain with medications. The applicant has a persistent low back pain, neck pain, headaches, nausea, and reportedly severe dizziness. The applicant reportedly had an earlier urine drug testing of August 29, 2013 which was positive for Neurontin, Celexa, Vicodin, hydrocodone, and hydromorphone. The applicant is obese with a BMI of 35. Repeat urine drug testing is endorsed, along with Vicodin, Prevacid, Cidaflex, Neurontin, and Medrox. The applicant is again asked to remain off of work, on total temporary disability. An earlier note of August 16, 2013 is again notable for comments that the applicant is off of work, on total temporary disability. Prescriptions for Cidaflex, Prevacid, Neurontin, Medrox, and Vicodin were endorsed on that date.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

URINE DRUG SCREEN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

Decision rationale: While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent urine drug testing, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. As noted in the ODG urine drug testing topic, an attending provider should clearly state whether an applicant is a high-risk, low-risk, and/or intermediate risk candidate for whom more or frequent urine drug testing is indicated. In this case, the attending provider appears to be testing the applicant every two months. It is not clear why this frequency of drug testing is indicated. It is further noted that the attending provider has not clearly stated which drug tests and/or drug panels he intends to test for which, per ODG, should also be supplied. Since several ODG criteria for pursuit of drug testing has not seemingly been met, the request is not certified, on independent medical review.

PREVACID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support usage of proton pump inhibitors such as Prevacid in the treatment of NSAID-induced dyspepsia, in this case, however, the most recent progress notes provided in mid to late 2013 did not establish the presence of any ongoing issues with dyspepsia, reflux, and/or heartburn, either NSAID-induced or stand-alone, which might make a case for continuation of Prevacid. Accordingly, the request is not certified, on independent medical review.

CIDAFLEX 2MG #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 50. Decision based on Non-MTUS Citation OTHER MEDICAL TREATMENT GUIDELINE

Decision rationale: As noted on page 50 of the MTUS Chronic Pain Medical Treatment Guidelines, glucosamine is indicated in the treatment of arthritis pain and, in particular, pain associated with knee arthritis. In this case, however, the bulk of the information on file focuses

on the applicant's low back pain, neck pain, headaches, nausea, and dizziness. There is little or no mention made of knee pain. There is no mention of knee arthritis. Accordingly, the request for Cidaflex (glucosamine) is not certified, on independent medical review.

MEDROX PATCHES #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesic and topical compounds such as Medrox are "largely experimental." In this case, despite the unfavorable MTUS recommendation, the applicant has previously used the same. The applicant has, however, failed to derive any lasting benefit or functional improvement through ongoing usage of Medrox. The applicant is off of work, on total temporary disability. The applicant remains highly reliant on various oral medications, topical compounds, etc. All of the above, taken together, imply a lack of functional improvement as defined in MTUS 9792.20f despite ongoing usage of Medrox. Therefore, the request is not certified.