

<b>Case Number:</b>	CM13-0044173		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	12/30/2009
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	09/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2013

### 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 [REDACTED] employee who has filed a claim for chronic low back pain, wrist pain, hand pain, thumb pain, anxiety, and derivative psychological stress reportedly associated with an industrial injury of December 30, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; epidural steroid injection therapy; stellate ganglion block; multiple hand surgeries; transfer of care to and from various providers in various specialties; a TENS unit; unspecified amounts of physical therapy and manipulative therapy; and opioid therapy. In a utilization review report of September 30, 2013, the claims administrator partially certified Norco for tapering purposes, denied a request for tramadol, denied a request for Exoten lotion, denied urine drug testing, and denied an internal medicine consultation. The applicant's attorney subsequently appealed. In a September 10, 2013, progress note, the applicant is described as having persistent complaints of back pain, hand pain, and allodynia. The applicant has complaints of intermittent nausea and dizziness. The applicant is limited in terms of performance of several activities of daily living areas, including self-care, personal hygiene, ambulating, and hand function. The applicant is under the concurrent care of a psychiatrist. The applicant is on Neurontin, Norco, tramadol, and Exoten. Each of the above was refilled. An internal medicine consultation is sought. The applicant's work status is not specified; however, it does not appear that the applicant is working. In a subsequent progress note of December 3, 2013, the applicant is described as having unchanged pain, scored a 4/10 with medications and 6/10 without medications. Persistent neck, upper extremity, and low back pain are noted. The applicant is reportedly limited in terms of numerous activities of daily living, including self-care, personal hygiene, ambulating, hand function, and sleep. Epidural steroid injection therapy and

three to six months of medication refills is sought. Again, it does not appear that the applicant is working.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **HYDROCODONE/APAP 10/325MG #90 X 3-6 MONTHS: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain affected as a result of ongoing opioid usage. In this case, however, these criteria have not been met. The applicant does not appear to be working. The applicant's reduction in pain scores from 6/10 to 4/10 on one instance and 7/10 to 5/10 on another instance are outweighed by the applicant's failure to return to any form of work and reported continued difficulty performing even basic activities of daily living, such as self-care, personal hygiene, ambulating, etc. Therefore, the request is not medically necessary and appropriate.

#### **TRAMADOL ER 150MG #30 X 3-6 MONTHS: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

**Decision rationale:** Again, the applicant does not meet those criteria set forth on page 80 of the MTUS Chronic Pain Guidelines for continuation of opioid therapy. While some marginal reduction in pain scores from 7/10 to 5/10 is reported on one instance and 6/10 to 4/10 on another instance, these are outweighed by the applicant's failure to return to work and reported difficulty in terms of performance of even basic activities of daily living, including self-care, personal hygiene, ambulating, etc. Therefore, the request is not medically necessary and appropriate.

#### **EXOTEN-C LOTION 120ML #120 X 3-6 MONTHS: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** As noted in the ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, there is no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify usage of topical agents and/or topical compounds, which are, per page 111 of the MTUS Chronic Pain Guidelines "largely experimental." It is further noted that the applicant's usage of Gabapentin, an anticonvulsant adjuvant agent, effectively obviates the need for Exoten, per page 111 of the MTUS Chronic Pain Guidelines. Therefore, the request is not medically necessary and appropriate.

**PERIODIC URINE DRUG TESTING DURING VISITS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, section on Urine Drug Testing

**Decision rationale:** While page 43 of the MTUS Chronic Pain Guidelines does support intermittent urine drug testing in the chronic pain population, the Guidelines do not establish specific parameters for or identify a frequency with which to perform drug testing. As noted in the ODG Chronic Pain Chapter, Urine Drug Testing Topic, an attending provider should clearly state which drug tests and/or drug panels he is testing for and provide a list of medications that the applicant is using before pursuing testing. The attending provider should also state when the last time an applicant was tested before pursuing testing. In this case, the attending provider did not state which drug tests and/or drug panels he was testing for, nor did he state when the last time the applicant was tested. The attending provider did not, furthermore, classify the applicant into a high risk, moderate risk, or low risk category for which more or less frequent drug testing would be appropriate. Since several ODG criteria for pursuit of drug testing have not been met, the request is not medically necessary and appropriate.

**INTERNAL MEDICINE CONSULT:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** As noted on page 1 of the MTUS Chronic Pain Guidelines, the presence of persistent complaints which prove recalcitrant to conservative treatment should lead the primary treating provider to reconsider the diagnosis and determine whether a specialist's evaluation is necessary. In this case, the applicant's ongoing complaints of nausea, dizziness, etc., have apparently confounded the primary treating provider (PTP), a chronic pain physician. Obtaining

the added expertise of an internist to further work up the allegations of dizziness is therefore indicated and appropriate. Accordingly, the request is medically necessary and appropriate.