MAXIMUS Federal Services

Case Number:	CM14-0103130		
Date Assigned:	07/30/2014	Date of Injury:	09/12/2002
Decision Date:	09/09/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	07/03/2014

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 Anesthesiology, has a subspecialty in Pain 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 injured worker is a 76 year old male who sustained an injury on 09/12/02 while lifting a heavy object. The injured worker developed complaints of low back pain. Prior treatment has included physical therapy as well as epidural steroid injections. The injured worker is noted to have had a prior lumbar fusion completed in March of 2004. Since that point in time the injured worker had been followed for ongoing chronic low back pain consistent with failed back surgery syndrome. The injured worker has had multiple medications prescribed to address pain to include several narcotics, muscle relaxers and medications for insomnia. It is noted that the injured worker had an intrathecal drug pump implanted and was receiving intrathecal morphine. The injured worker was also being prescribed several oral narcotics to include MS Contin 30 mg taken twice daily and Dilaudid 4 mg taken up to 3 times a day for breakthrough pain. As of 06/02/14, the injured worker continued to report low back pain radiating to the lower extremities. The injured worker reported approximately 30% relief with oral medications as well as intrathecal medications for pain. The injured worker presented for intrathecal medication replacement. Pain scores were reported to be at 9/10 on the visual analog scale in severity. On physical examination there is noted tenderness to palpation in the lumbar paravertebral areas as well as over the facets. There was loss of lumbar range of motion. There was reported left lower extremity weakness. It is noted that the injured worker's intrathecal medications were increased to 1.65 mg per day. The injured worker did indicate that he would speak to his usual provider regarding potentially increasing the pain pump and decreasing oral medications. No diversion or abuse was documented. Recent urine drug screen reports were consistent with oral narcotics use. Follow up on 07/18/14 noted frequent episodes of falling at home due to weakness in the lower extremities. The injured worker still reported reasonable pain relief and preservation of functional capacity with medications. Physical examination findings remained unchanged.

Prescriptions were refilled at this evaluation. The requested genetic testing, Dilaudid 4 mg #90, Trazodone 150 mg #30 with one refill and Valium 10 mg #60 with one refill as well as urine drug screen testing were all denied by utilization review on 06/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Genetic PROOVE test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Genetic testing for potential opioid abuse: (Levran, 2012) (Vuilleumier, 2012) See also Cytokine DNA testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Genetic Testing.

Decision rationale: In regards to the request for genetic PROOVE test, this reviewer would not have recommended this request as medically necessary. From current evidence based guidelines, genetic testing is not recommended as it is unclear what the efficacy of genetic testing is in managing chronic pain patients especially in regards to opioid prescriptions. As there is limited evidence in the clinical literature regarding the efficacy or utilization of genetic testing in the management of chronic pain patients with narcotic, this reviewer would not have recommended this request as medically necessary.

Dilaudid 4mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: In regards to the request for Dilaudid 4 mg #90, this reviewer would not have recommended this request as medically necessary. From the clinical documentation submitted for review, it is noted that the prior utilization report modified this request to a quantity of 42 only. This reviewer would have agreed with this determination. The clinical documentation noted an extensive amount of narcotics use to include intrathecal medications. In this case the injured worker had far exceeded guideline recommendations regarding the maximum amount of narcotics to be prescribed to an injured worker on a daily basis. There was no documentation regarding any weaning attempts; however, the level of narcotics given the intrathecal medications was substantially high. As the clinical documentation did not provide any specifics regarding functional improvement or pain reduction, this reviewer would not have recommended this request as medically necessary.

Dilaudid 4mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: In regards to the request for Dilaudid 4 mg #90, this reviewer would not have recommended this request as medically necessary. This did appear to be a duplicate request for the same medication that was discussed above.Therefore, this reviewer would not have recommended this request as medically necessary.

Trazodone 150mg #30 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Trazodone; Insomnia treatments: (Lexi-Comp, 2008) (Buscemi, 2007) (Morin, 2007).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Insomnia Treatment.

Decision rationale: In regards to the request for Trazodone 150 mg #30 with 1 refill, this reviewer would not have recommended this request as medically necessary. Trazodone is an antidepressant typically utilized in the treatment of insomnia due to its sedative effect. Although it can be utilized over longer periods of time as compared to other hypnotic benzodiazepine medications, the clinical documentation did not discuss any specifics regarding insomnia symptoms or their improvement with the use of Trazodone which would support this medications ongoing use. Therefore, this reviewer would not have recommended this request as medically necessary.

Valium 10mg #60 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Pain(Acute & Chronic) Valium: Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: In regards to the use of Valium 10mg quantity 60 with 1 refill, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The chronic use of benzodiazepines is not recommended by current evidence based guidelines as there is no evidence in the clinical literature to support the efficacy of their extended use. The current clinical literature recommends short term use of benzodiazepines only due to the high

risks for dependency and abuse for this class of medication. The clinical documentation provided for review does not specifically demonstrate any substantial functional improvement with the use of this medication that would support its ongoing use. As such, this reviewer would not recommend continuing use of this medication.

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing: Urine Drug Testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Opioids, screening tests for risk of addiction & misuse.

Decision rationale: In regards to the request for urine drug screen, this reviewer would not have recommended this request as medically necessary. The injured worker is reported to have no aberrant medication issues or any evidence of diversion. The last urine drug screen from April of 2014 was consistent with prescribed medications. Given the lack of any indications regarding aberrant medication use, updated urine drug screen testing in close proximity to the last test would not be supported as medically necessary at this time.