

Case Number:	CM14-0016834		
Date Assigned:	06/20/2014	Date of Injury:	06/25/2012
Decision Date:	07/21/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/10/2014

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 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 reportedly associated with an industrial injury of June 25, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; muscle relaxants; dietary supplement; and epidural steroid injection therapy. In a Utilization Review Report dated January 28, 2014, the claims administrator denied request for Sentra, cyclobenzaprine, gabapentin, and a urine drug analysis. Non-MTUS ODG Guidelines were cited extensively. The applicant's attorney subsequently appealed. In a progress note dated August 13, 2013, the applicant presented with persistent complaints of low back pain, both axial and radicular. The claimant also reported sacroiliac joint pain, it was stated. The claimant was apparently using Sentra for sleep and pain, it was suggested. Flexeril and Sentra were sought. It was stated that the applicant had large herniated disk at L4-L5 and L5-S1 and would likely consult a surgeon to obtain more definitive treatment. Prescriptions for Flexeril, gabapentin, and Sentra were renewed. The applicant's work status was not detailed. On July 22, 2013, the applicant was described as chronic low back pain and an umbilical hernia, the latter of which had been surgically repaired. The applicant was again placed off of work, on total temporary disability. It was suggested that the applicant was no longer as depressed as formerly. In a handwritten note of January 13, 2014, difficult to follow, not entirely legible, the applicant was given refills of Sentra, Neurontin, and Flexeril. Epidural steroid injection therapy was sought. The applicant's work status was again not detailed. It was suggested that the applicant had responded favorably to a recent epidural injection, however.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sentra: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Mental Illness & Stress Procedure Summary; ODG-TWC Pain Procedure Summary, Section 5(b) of the Orphan Drug Act (21U.s.c.360ee (b) (3)).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on the Citation: Other Medical Treatment Guideline or Medical Evidence: ACOEM V.3, Chronic Pain, General Principles of Treatment, Medications, Alternative Treatments Recommendation: Complementary or Alternative Treatments, Diets.

Decision rationale: The MTUS does not address the topic of dietary supplements. As noted in the Third Edition ACOEM Guidelines, however, dietary supplements, complementary treatments, and alternative treatments such as Sentra are not recommended in the treatment of chronic pain as they have not been demonstrated to have any proven benefits or meaningful functional outcomes in the treatment of the same. In this case, the attending provider has not proffered any applicant-specific rationale, narrative, commentary, or medical evidence which would offset the unfavorable ACOEM recommendation. Therefore, the request is not medically necessary.

Cyclobenzaprine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC PAIN PROCEDURE SUMMARY.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is, in fact, using a variety of other analgesic, adjuvant, and psychotropic medications. Adding cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request is not medically necessary.

Gabapentin: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin section. Page(s): 19.

Decision rationale: As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, an applicant should be asked at each visit as to whether there has been an improvement in pain or function as a result of ongoing gabapentin usage. In this case, however, there have been no documented improvements in pain and/or function achieved as a result of ongoing gabapentin usage. The applicant remains off of work. The applicant remains highly reliant and highly dependent on various forms of injection therapy, including epidural steroid injection therapy. No discussion of medication efficacy was evident on any progress note provided. Therefore, the request is not medically necessary.

Urine Drug Analysis: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 1. MTUS Drug Testing topic.2. ODG Chronic Pain Chapter, Urine Drug Testing topic Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Urine Drug Testing.

Decision rationale: While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for 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 attach a list of those drug tests and/or drug panels which he intends to test for along with the request for authorization for drug testing. It is also incumbent upon the attending provider to state when the last time an applicant was tested and, moreover, attach the applicant's complete medication list to the request for authorization for testing. In this case, however, the attending provider did not state when the applicant was last tested. The attending provider did not state what drug tests and/or drug panels were being sought here. Therefore, the request is not medically necessary.