

Case Number:	CM14-0132377		
Date Assigned:	08/22/2014	Date of Injury:	10/01/2010
Decision Date:	10/02/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/19/2014

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 injured worker is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 1, 2010. Thus far, the injured worker has been treated with the following: Analgesic medications; attorney representation; earlier lumbar discectomy procedure; dietary supplements; opioid agents; and psychotropic medications. In a Utilization Review Report dated July 22, 2014, the claims administrator denied a urine drug screen, saliva DNA testing, Nucynta, Lyrica, Toradol injection, vitamin B12 injection, and a topical capsaicin-containing drug. The injured worker's attorney subsequently appealed. In a January 23, 2014 progress note, the injured worker reported persistent complaints of low back pain radiating into the right leg, rated at 7-8/10. The injured worker's pain was generating issues of depression, irritability, emotional distress, fatigue, and insomnia. The patient's past medical history is notable for depression and dyslipidemia. The injured worker had already received prior epidural steroid injection therapy and earlier microdiscectomy surgery, it was acknowledged. The injured worker was on Lyrica, estrogen, Ditropan, Zocor, Mobic, Norco, Zoloft, it was acknowledged. The injured worker stated that she was unable to exercise regularly secondary to pain. The injured worker's family members were helping her perform activities of daily living. The injured worker was using a cane, it was stated, was having difficulty sitting and/or standing for lengthy amounts of time. The injured worker was also having difficulty lifting and negotiating stairs. The injured worker was not working, it was noted, was receiving social security disability insurance (SSDI) benefits, it was further noted. DNA testing, urine drug screening, Nucynta, Lyrica, Zoloft, Toradol, vitamin B12 injection, and capsaicin were endorsed. It was suggested that capsaicin was a first time request. Lyrica was being endorsed at a heightened dose, it was stated. It was not readily apparent whether the Nucynta request was a first-time request or a renewal request. On April 1, 2014,

authorization was sought for quarterly laboratory testing, to include basic metabolic panel, hepatic function panel, C-reactive protein, arthritis panel, and CBC. The injured worker reported 7-1/2 over 10 pain. The injured worker was having a variety of issues associated with anxiety and depression. The injured worker was not working, it was acknowledged. On February 20, 2014, the injured worker was given a refill of Nucynta. Drug screen was again sought, some one month after preceding drug screen. Lyrica, Zoloft, topical compounded drug, Theramine, and GABADone were endorsed. Urine drug testing of February 20, 2014 was reviewed. The attending provider performed quantitative testing for various opioid metabolites, despite the fact that the injured worker was positive for the parent opioid compound. The attending provider performed testing for 15 different antidepressant metabolites and 10 different benzodiazepine metabolites.

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 Drug Screening Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Drug Screening

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

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 established specific parameters for or identify a frequency with which to perform drug testing. As noted in ODG's Chronic Pain Chapter, Urine Drug Testing topic, an attending provider should clearly state which drug tests and/or drug panels he intends to test for, attempt to conform to the best practices of the [REDACTED] when performing testing, state when the applicant was last tested, attempt to stratify the applicant into higher or lower risks categories for which more or less frequent testing would be indicated, and attach an 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 tested. The attending provider performed nonstandard, quantitative and confirmatory testing, despite the fact that ODG argues against the need for such testing outside of the emergency department drug overdose context. The attending provider's tests included testing for multiple opioids, antidepressants, and benzodiazepine metabolites, none of which conformed to the best practices of the [REDACTED]. The attending provider did not state why the applicant was receiving drug testing as frequently as once a month. Drug testing appears to have been performed in both January and February 2014. Since several ODG criteria were not seemingly met here, the request was/is not medically necessary.

Saliva DNA Testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cytokine DNA Testing

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cytokine DNA Testing for Pain Page(s): 42.

Decision rationale: As noted on page 42 of the MTUS Chronic Pain Medical Treatment Guidelines, DNA testing for the diagnosis of pain, including the chronic pain reportedly present here, is "not recommended." In this case, the attending provider did not attach any applicant-specific rationale or medical evidence so as to counter the unfavorable MTUS position on the article at issue. It was not stated how the saliva DNA testing in question would alter or influence the treatment plan. Therefore, the request is not medically necessary.

Nucyna 75mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers\\Comp 2012 on the Web (www.odgtreatment.com). Work Loss Data Institute (www.worklossdata.com), (updated 2/14/12)

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

Decision rationale: The request is question does represent a renewal request. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work. The applicant's pain complaints appear to be heightened from visit to visit as opposed to reduced from visit to visit. The applicant is having difficulty performing even basic activities of daily living, such as negotiating stairs, standing, walking, lifting, sleeping, etc., despite ongoing Nucynta usage. All of the above, taken together, do not make a compelling case for continuation of the same. Therefore, the request is not medically necessary.

Lyrica 150mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drug (AEDs) Page(s): 19-20.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin Page(s): 7; 99.

Decision rationale: While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that pregabalin or Lyrica is a first-line agent for neuropathic pain, as is present here. This recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate

some discussion of medication efficacy into his choice of recommendations. In this case, the applicant is off of work. The attending provider has failed to incorporate any discussion of medication efficacy insofar as Lyrica is concerned to any of the recent progress notes. Ongoing usage of Lyrica has failed to curtail the applicant's dependence on opioid agents such as Nucynta. All of the above, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing Lyrica usage. Therefore, the request is not medically necessary.

Toradol 60mg #2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers' Comp 2012 on the Web (www.odgtreatment.com). Work Loss Data Institute (www.worklossdata.com), (updated 2/14/12) Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketorolac/Toradol Page(s): 72.

Decision rationale: While the MTUS does not specifically address the topic of injectable Toradol, page 72 of the MTUS Chronic Pain Medical Treatment Guidelines notes that oral ketorolac or Toradol is "not indicated" for minor or chronic painful conditions, as are present here. In this case, the applicant was given an injection of Toradol in January 2014 for chronic pain purposes, with no clear description of any acute flare in pain so as to justify provision of the same. Therefore, the request was not medically necessary.

Vitamin B 12 2cc IM #2: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The applicant is a represented Kern Valley State Prison employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 1, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; earlier lumbar diskectomy procedure; dietary supplements; opioid agents; and psychotropic medications. In a Utilization Review Report dated July 22, 2014, the claims a

Decision rationale: The MTUS does not address the topic of vitamins. However, the Third Edition ACOEM Guidelines Chronic Pain Chapter notes that vitamins are not recommended in the treatment of chronic pain outside of documented nutritional deficit states. In this case, there was/is no evidence that the applicant has/had any kind of vitamin B12 deficiency. Therefore, the request was not medically necessary.