MAXIMUS Federal Services

Case Number:	CM14-0135093		
Date Assigned:	08/29/2014	Date of Injury:	03/02/2004
Decision Date:	11/03/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/21/2014

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:

This is a 46 year-old female who has reported multifocal pain, mental illness, and internal medicine conditions after an injury on 3/2/04. The diagnoses include chronic pain syndrome, lumbar radiculopathy, narcotic dependence, myofascial syndrome, left tibial fibular fracture and ORIF, obesity, depression, anxiety, and insomnia. Reports from the primary treating physician during 2013 to 2014 show ongoing prescriptions for Cidaflex "for joint health and inflammation", Idrasil, and Serrapeptase for pain. None of the treating physician reports address the specific indications for this injured worker or discuss the specific ingredients of these items. Urine drug screens have been performed frequently, all at office visits, approximately every 1-2 months. A urine drug screen on 3/8/13 was positive for Methamphetamine, a non-prescribed medication, and not discussed by the treating physician in subsequent reports. A urine drug screen on 4/15/13 was positive for Tramadol, a non-prescribed medication, and not discussed by the treating physician in subsequent reports. A urine drug screen on 9/14/13 was positive for bupropion and buprenorphine. Per the PR2 of 10/23/13, there was ongoing low back pain. The treatment plan included a urine drug screen, Buprenorphine, Wellbutrin, Cidaflex, and Serrapeptase for pain. Per the PR2 of 3/21/14, there was low back pain and leg pain. The treatment plan included medical foods, Wellbutrin, stop Cidaflex, Serrapeptase, Suboxone, Percura, and Idrasil. Per the PR2 of 7/17/14, the injured worker had low back and foot pain. The last urine drug screen was 6/19/14 and was reportedly positive for buprenorphine and bupropion. The treatment plan included a urine drug screen, prednisone, Subutex, Percura, Trepadone, and Wellbutrin. A urine drug screen on 7/17/14 was positive for Buprenorphine, Hydromorphone, Morphine, and Bupropion. The listed prescription was Suboxone. On 7/28/14, Utilization Review non-certified urine drug screen, Cidaflex, Serrapeptase, Idrasil, and a vitamin B12 injection. Utilization Review noted a urine drug screen in 2013 that was positive for

amphetamine and at least 4 drug screens in 2014. The requests were non-certified based on the cited guidelines (MTUS and the Official Disability Guidelines), as well as the lack of sufficient indications.

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 Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, drug screens, steps to avoid misuse/addiction; urine drug screen to assess for the use. Decision based on Non-MTUS Citation Updated ACOEM Guidelines, 8/14/08, Chronic Pain, Page 138, Urine Drug Screens

Decision rationale: Medical necessity for a urine drug screen is predicated on a chronic opioid therapy program conducted in accordance with the recommendations of the MTUS, or for a few other, very specific clinical reasons. There is no evidence in this case that opioids are prescribed according to the criteria outlined in the MTUS. The many urine drug screens that have been performed were not performed according to the recommendations of the MTUS and other guidelines. The tests performed included many unnecessary tests, as many drugs with no apparent relevance for this patient were assayed. 3 of the tests had inconsistent results, as listed above, and the treating physician did not address these results. Instead, the treating physician continued to prescribe the same opioids and continued to perform more urine drug screens. The MTUS recommends random drug testing, not at office visits or regular intervals, as is occurring in this case. Given the multiple failed tests which were not addressed, the fact that drug test results are not used to alter the treatment plan, and that testing is not performed according to the guideline recommendations, any additional urine drug screens is not medically necessary.

Cidaflex #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50.

Decision rationale: The treating physician has stated that he is prescribing glucosamine sulfate/chondroitin for joint pain, which is not a valid indication. The MTUS recommends glucosamine for arthritis (primarily of the knee), and the glucosamine should be of a specific type defined in the MTUS. The patient does not have a clearly defined arthritis condition. There is no evidence of benefit from taking this supplement. Cidaflex appears to contain glucosamine hydrochloride, a form not recommended in the MTUS. Cidaflex is not medically necessary based on the MTUS.

Serrapeptase (unknown prescription): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Updated ACOEM Guidelines, Pain section; Complementary, alternative treatments, or dietary supplements, etc., page 135

Decision rationale: This requested item is presumed to be Serrapeptase, an enzyme classified as a food supplement. It is not a prescription medication and has no FDA-recognized indications for treatment of any medical condition. The website of its promoter refers to a "miracle enzyme" and "gift from the silkworm". No substantial medical evidence has been provided by the treating physician, and a search of the available guidelines provides no evidence that Serrapeptase has any valid medical indication. The guideline cited above recommends against food supplements for chronic pain, noting that there are proven effective treatments for chronic pain which should be used instead. Serrapeptase is not medically necessary based on the lack of medical evidence.

Idrasil 25mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cannabinoids Page(s): 28.

Decision rationale: The treating physician has provided no information regarding the ingredients and specific indications for Idrasil in this patient. Per the promoter of this product, Idrasil contains "cannabis extract". The MTUS recommends against cannabinoids for treating chronic pain. Idrasil is therefore not medically necessary.

B-12 injection: 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 Official Disability Guidelines (ODG) Pain chapter, Vitamins, Vitamin B; ACOEM, Chronic Pain update, 2008, page 137

Decision rationale: The MTUS does not provide direction for the use of Vitamin B12. The treating physician has provided no evidence of a Vitamin B12 deficiency or any other specific indication for vitamin replacement. The Official Disability Guidelines citation above recommends against Vitamin B12 for chronic pain. The ACOEM update cited above

recommends vitamin supplementation unless there is a documented deficiency, which there is not in this case. The Vitamin B12 is therefore not medically necessary.