

Case Number:	CM14-0151129		
Date Assigned:	09/19/2014	Date of Injury:	06/17/2010
Decision Date:	10/20/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/16/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 patient with a date of injury of 6/17/10. A utilization review determination dated 9/5/14 recommends non-certification of a "DNA medicated collection kit" and Prilosec. Xanax was modified from #60 to #54 and hydrocodone/APAP was modified from #60 to #42. A follow-up visit was certified. 8/6/14 medical report identifies abdominal hernia pain, low back pain, neck/headache pain, bilateral hand pain, and bilateral knee pain, as well as loss of sleep due to pain. Pain levels varied, but it was noted to be 0-1 point higher on the visual analog scale (VAS) without medication than with medication. On exam, there was tenderness, myospasm, decreased ROM, and painful patellar tracking. Recommendations include hydrocodone, Xanax, Prilosec "for GI symptoms related to NSAID/medication use," a recommendation to see surgeon for hernia repair, and a "DNA Pain Medicine Management Panel."

IMR ISSUES, DECISIONS AND RATIONALES

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

DNA medicated collection kit: 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(Chronic)

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, Cytokine DNA Testing, Genetic testing for Potential Opioid Abuse

Decision rationale: Regarding the request for DNA medicated collection kit; California Medical Treatment Utilization Schedule (MTUS) and American College of Occupational and Environmental Medicine (ACOEM) do not contain criteria for this request. Official Disability Guidelines (ODG) states that cytokine DNA testing is not recommended and genetic testing for potential opioid abuse is not recommended. They note that, as current research is experimental, studies are inconsistent with inadequate statistics and large phenotype range, different studies use different criteria for definition of controls, and more work is needed to verify the role of variants suggested to be associated with addiction and for clearer understanding of their role in different populations. In light of the above issues, the currently requested DNA medicated collection kit is not medically necessary.

60 Xanax/alprazolam 0.5mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 24.

Decision rationale: Regarding the request for Xanax (alprazolam), Chronic Pain Medical Treatment Guidelines (MTUS) state the benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks... Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant." Within the documentation available for review, there is no documentation identifying any objective functional improvement as a result of the use of the medication and no rationale provided for long-term use of the medication despite the CA MTUS recommendation against long-term use. Benzodiazepines should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Xanax (alprazolam) is not medically necessary.

60 Hydrocodone/apap 5/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Norco.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120.

Decision rationale: Regarding the request for hydrocodone/APAP, California Pain Medical Treatment Guidelines (MTUS) state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is

significantly improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), as only a 1-point reduction in VAS is noted with medication use in general. Furthermore, there is no documentation regarding side effects and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested hydrocodone/APAP is not medically necessary.

60 prilosec/omeprazole 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 68-69.

Decision rationale: Regarding the request for omeprazole (Prilosec), California Pain Medical Treatment Guidelines (MTUS) states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. There is only a mention of "GI symptoms" without further explanation to support that a proton pump inhibitor would be an appropriate medication to treat these symptoms. In light of the above issues, the currently requested Prilosec is not medically necessary.