

Case Number:	CM14-0172733		
Date Assigned:	10/23/2014	Date of Injury:	11/01/2000
Decision Date:	12/02/2014	UR Denial Date:	09/27/2014
Priority:	Standard	Application Received:	10/20/2014

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 Interventional spine 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 patient is a 61 year old woman with an injury date of 11/01/00. The 09/04/14 progress report by [REDACTED] states that the patient presents with lower back, left shoulder, right hip and leg pain. She continues to have nausea and sleep difficulty. The reports do not state if the patient is working. Current pain is rated 9/10, with medications 6/10, without 10/10 with average pain over the preceding week being 8/10. No examination findings are included in the report. The patient's diagnoses include: Lumbar Radiculopathy Chronic pain syndrome Chronic pain related insomnia Myofascial syndrome Neuropathic pain Prescription narcotic dependence Chronic pain related depression Tension headaches Continuing medications are listed as Pristiq, Opana IR, Theramine, Prilosec, 5 HTP, Fluriflex, and Idrasil. The utilization review being challenged is dated 09/27/14. The rationale regarding the UDS request is that although the patient has been assessed for risk for misuse/abuse approximately 8 UDS were received from 2013 through 2014. Reports from 06/27/13 to 09/04/14 were provided.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Urine Drug Testing

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

Decision rationale: The patient presents with lower back, left shoulder, right hip and leg pain rated 6-9/10 with nausea and sleep difficulties. The treater requests for Urine Drug Screen. MTUS guidelines do not specify the frequency of UDS for risks of opiate users. ODG guidelines, however, recommends once yearly urine screen following initial screening with the first 6 months for management of chronic opiate use in low risk patient. For moderate and high risk, more frequent UDS's are recommended. The reports provided show the patient has used opioids (Opana) since at least 06/17/13 and the patient has a diagnosis of Prescription narcotic dependence. The 09/24/14 treatment plan states the goal is to taper the patient from Opana and there is a request for a 2 week narcotic detoxification program. The reports provided show the receipt of 6 UDS reports from 06/03/13 to 07/22/14 showing the presence of opioids. It would appear that there is quite a frequent UDS's obtained without any risk assessment for aberrant drug behavior. Per ODG, even for high-risk patient, no more than 3-4 time per year is required therefore request is not medically necessary.

Gabadone: 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG) Pain (Chronic) chapter, Gabadone

Decision rationale: The patient presents with lower back, left shoulder, right hip and leg pain rated 6-9/10 and sleep difficulties. The treater requests for Gabadone. ODG guidelines, Pain (Chronic) section state that Gabadone, "Not recommended. Gabadone is a medical food from [REDACTED], that is a proprietary blend of Choline Bitartrate, Glutamic Acid, 5-Hydroxytryptophan, and GABA. It is intended to meet the nutritional requirements for inducing sleep, promoting restorative sleep and reducing snoring in patients who are experiencing anxiety related to sleep disorders. "The treater states this medication is for insomnia. The reports show the patient was taking this medication since before 04/16/14 and the patient stated it no longer helped sleep. The 05/06/14 report shows the medication as discontinued and it is listed on no later reports. In this case, lacking recommendation by ODG therefore request is not medically necessary.

Pristiq 100mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Guidelines (ODG) Mental Illness & Stress chapter, Desvenlafaxine (Pristiq)

Decision rationale: The patient presents with lower back, left shoulder, right hip and leg pain rated 6-9/10 and sleep difficulties. The treater requests for: Pristiq. The reports provided show this as a continuing medication on 04/16/14 to 09/04/14. ODG guidelines, Desvenlafaxine (Pristiq) state this medication is recommended for depression and as an option in first-line treatment of neuropathic pain. The reports provided state the medication is for depression and there is a diagnosis of chronic pain related depression in this patient. The 08/15/14 treatment report states that the patient was denied a request for this medication and 5 HTP, a natural remedy, was substituted but that it is not as effective as Pristiq. In this case, the medication is indicated for depression and there is documentation of benefit therefore request is medically necessary.

Theramine #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, Pain; Mental Illness & Stress

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG) Pain Chapter state the following about Theramine

Decision rationale: The patient presents with lower back, left shoulder, right hip and leg pain rated 6-9/10 and sleep difficulties. The treater requests for Theramine. The reports provided show the patient has used this medication since before 04/16/14. ODG guidelines Pain Chapter state the following about Theramine, " Not recommended for the treatment of chronic pain. Theramine is a medical food from [REDACTED], that is a proprietary blend of gamma-aminobutyric acid [GABA] and choline bitartrate, L-arginine, and L-serine." The treater states this medication is for neuropathic pain. The patient's chronic pain is well documented. The treater states the belief that credible studies document that the medications is effective for pain relief, has an excellent safety profile and is in widespread use. Copies of these studies are not provided. More importantly, ODG does not recommend this medication for chronic pain therefore request is not medically necessary.

Kava Kava #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Guidelines (ODG) Mental Stress Chapter, regarding Kava extract (for anxiety)

Decision rationale: The patient presents with lower back, left shoulder, right hip and leg pain rated 6-9/10 and sleep difficulties. The treater requests for Kava Kava. The reports provided show this medication as continuing from 05/06/14 to 04/06/14 but discontinued as of 05/06/14. ODG guidelines Mental Stress Chapter, regarding Kava extract (for anxiety), it states the aqueous extract is recommended as an option with concerns about hepatotoxicity. ODG further states Kava appears equally effective in cases where anxiety is accompanied by depression. The reports provided state this medication is for anxiety and nerve pain. The 05/06/13 report states she was prescribed the medication as she did not respond well to Lyrica. It is not clear what the treater is using this medication for. The reports do not show a diagnosis or discussion regarding any anxiety. The treater does not document efficacy either. It would appear that given this medication was to replace Lyrica, it is meant to address the patient's chronic pain/neuropathic pain and not anxiety therefore request is not medically necessary.

Opana IR 10mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 88,89, 76-78.

Decision rationale: The patient presents with lower back, left shoulder, right hip and leg pain rated 6-9/10 and sleep difficulties. The treater requests for Opana IR 10 mg #120 (Oxymorphone an opioid). The reports provided show the patient using Opana ER since before 04/06/14 and starting this medication between 05/01/14 and 05/06/14. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief." The treater states this medication is for severe pain. The 09/04/14 report states the patient takes the medication every 6 hours and pain returns after 5 hours. She continues to have nausea and difficulty sleeping. It appears Opana ER was used by the patient from before 04/06/14 to approximately 08/15/14 when it was denied by Utilization Review. The patient restarted IR on 08/22/14 pending appeal for the request of ER. The treater states on 09/04/14 regarding a discussion of Opana that the goal is to taper this medication. Detox program is being recommended unless the patient undergoes surgery. Each report shows pain reduction from 10/10 to 7-8/10, with average pain at 8/10. The most recent report dated 09/04/14 rates pain 06/10 with 10/10 without and 8/10 average for the prior week. No specific ADL's are mentioned to show a significant change with use of this medication, however. Urine toxicology reports are discussed for 07/22/14 showing "positive" for Oxymorphone and Trazadone and 03/17/14 showing "positive" for Oxymorphone. Outcome measures are partially addressed on 09/04/14. In this case, while analgesia is documented along with urine toxicology, the patient's functional response in terms of ADL, work status changes and quality of life issues. However, intensity of pain after taking the opioid and the time it takes the medication to work are not documented therefore request is not medically necessary.

