

Case Number:	CM14-0173102		
Date Assigned:	10/23/2014	Date of Injury:	04/08/2011
Decision Date:	12/03/2014	UR Denial Date:	10/06/2014
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 & 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:

The injured worker is a 43 year-old female with a date of injury of April 8, 2011. The patient's industrially related diagnoses include lumbar radiculopathy, herniated lumbar disc status post lumbar laminectomy in 2012, chronic pain syndrome, and neuropathic pain. The disputed issues are a request for initial urine drug screen (if positive random urine drug screens 6-9 per year), diagnostic and therapeutic superior hypogastric plexus and ganglion impar block x 1 then re-evaluate, baseline functional capacity evaluation, one-time saliva DNA testing, Clonidine 0.1 twice a day #30, Gabadone two at bedtime, and Percura two twice daily #120. A utilization review determination on 10/6/2014 had non-certified these requests. The stated rationale for the modification of initial UDS was: "Considering claimant is taking controlled medications and there is no documentation of aberrant behavior, request for early refills or any other indication that claimant is at any other than minimal risk for medication misuse, the medical necessity of urine drug screen is established. The request is modified to certify a 10 panel random urine drug screen for qualitative analysis... with confirmatory laboratory testing only performed on inconsistent results." The stated rationale for the denial of baseline functional capacity evaluation was: "Specific work-related functional activities that the claimant is incapable of performing or completing as a result of objective deficits and limitations are not identified in the records." The stated rationale for the denial of saliva DNA testing was: "Cited guidelines do not support DNA testing to detect potential opioid abuse as current research is experimental." The stated rationale for the modification of diagnostic and therapeutic superior hypogastric plexus and ganglion impar block to only diagnostic block was: "The claimant complains of low back pain and pelvic pain. The provider noted that pelvic pain can originate from the superior hypogastric plexus and ganglion of impar." The stated rationale for the denial of Clonidine was: "There is no documentation of failed trials of 'Y' pain medication and documentation indicating that this

medication is more beneficial to the claimant than a 'Y' drug on the QDG formulary." The rationale for the denial of Gabadone was that the QDG does not recommend it. Lastly, the rationale for the denial of Percura was that there is no evidence that the claimant needs alternative treatment in the form of a medical food. Without documentation of specific nutritional deficits, the request is not supported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial urine drug screen (if positive random urine drug screens 6-9 per year): 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), ODG-TWC Criteria for Use of Urine Drug Testing

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter Urine Drug Testing

Decision rationale: In regard to the request for an initial urine drug screen, the Chronic Pain Medical Treatment Guidelines recommend urine drug testing (UDT) as an option to assess for the use or the presence of illegal drugs and for evaluation of possible aberrant drug-related behavior. While on opioids, ongoing management actions should include: "Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." Urine drug screens can help determine appropriate medication use and identify possible aberrant behavior. In regard to the frequency of urine drug testing, the Official Disability Guidelines state that there is no hard and fast rule in terms of frequency of drug testing, but risk stratification appears to be the best way to determine frequency. It is currently recommended that patients at low risk of adverse outcomes be monitored randomly at approximately every six months. A 3- to 4-time a year frequency is recommended for patients at intermediate risk, those undergoing prescribed opioid changes without success, patients with a stable addiction disorder, those patients in unstable and/or dysfunctional social situations, and for those patients with comorbid psychiatric pathology. Those patients at high risk of adverse outcomes may require testing as often as once a month." In the progress reports available for review, the treating physician requested an initial urine dry screen stating: "If negative and if the patient is not started on a narcotic medication, no further urine drug screens will be necessary. If the urine drug screen is positive and/or the patient is started on a narcotic medication, the random urine drug screen (6-9 per year in most cases) is requested to assess medication compliance and identify possible drug diversion." In the same medical report, the treating physician documented under the current medication list that the injured worker is taking Norco, a controlled opioid. Therefore an initial urine drug screen is recommended. However, the request for 6-9 UDS per year if positive or if started on a narcotic medication is not supported by the guidelines. Based on the guidelines and the documentation, the request for an initial urine drug screen (if positive random urine drug screens 6-9 per year) is not medically necessary.

Diagnostic and therapeutic superior hypogastric plexus and ganglion impar block x 1 then re-evaluate: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Journal of Physical Medicine & Rehabilitation; September, 2006-Volume 85-Issue 9, page 783-784

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: 1. Transsacrococcygeal approach to ganglion impar block for management of chronic perineal pain: a prospective observational study. <http://www.ncbi.nlm.nih.gov/pubmed/17876362>
2. Is superior hypogastric plexus block effective for treatment of chronic pelvic pain? <http://www.ncbi.nlm.nih.gov/pubmed/19468542>

Decision rationale: In regard to the request for diagnostic and therapeutic superior hypogastric plexus and ganglion impar block x 1 then re-evaluate, CA MTUS and ODG do not address the issue. A search of the National Library of Medicine revealed an two article titled "Transsacrococcygeal approach to ganglion impar block for management of chronic perineal pain: a prospective observational study." and "Superior hypogastric plexus block should be recommended as alternative and not as primary therapy." The first article noted that a transsacrococcygeal approach for a ganglion impar block is a technically feasible and safe technique. This technique is recommended for neurolysis or radiofrequency ablation of the ganglion impar and for diagnostic blocks, especially when the diagnosis and further plan of management is dependent on the response of the diagnostic block. The second article stated that some studies have documented superior hypogastric plexus block effectiveness in relieving pain and decreasing opioid consumption, mainly in cancer patients. Furthermore, the study recommended superior hypogastric plexus block as alternative and not as primary therapy. In the submitted documentation available for review, the treating physician documented that the injured worker has pelvic pain and stated that it can originate from the superior hypogastric plexus and also the ganglion of impar. There is further documentation that the injured worker had multiple radiological testing that revealed no findings. An epidural provided back pain relief but the pelvic pain persisted. There is further documentation of other treatment failure. In the case of this injured worker, a diagnostic superior hypogastric plexus and ganglion impar block is medically necessary to identify if the superior hypogastric plexus and ganglion of impar are the pain generators as there appears to be multiple pain generators. However the therapeutic blocks should be delayed until after a diagnosis is established based on the diagnostic block. Unfortunately, there is no provision to modify the current request to allow for only the diagnostic superior hypogastric plexus and ganglion impar block. The utilization review determination should be upheld.

Baseline functional capacity evaluation: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 12. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Chapter, Functional Capacity Evaluation

Decision rationale: In regard to the request for a baseline functional capacity evaluation, Occupational Medicine Practice Guidelines state that there is not good evidence that functional capacity evaluations are correlated with a lower frequency of health complaints or injuries. ODG states that functional capacity evaluations are recommended prior to admission to a work hardening program. The criteria for the use of a functional capacity evaluation includes case management being hampered by complex issues such as prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified job, or injuries that require detailed explanation of a worker's abilities. Additionally, guidelines recommend that the patient be close to or at maximum medical improvement with all key medical reports secured and additional/secondary conditions clarified. In the submitted documentation available for review, there is no indication that there has been prior unsuccessful return to work attempts, conflicting medical reporting, or injuries that would require detailed exploration. Furthermore, there is no indication that the injured worker is close to or at maximum medical improvement. Based on the lack of documentation regarding this request, a base functional capacity evaluation is not medically necessary at this time.

One-time 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) ODG_TWC Pain Procedure Summary

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: In regard to the request for one-time saliva DNA testing, the California MTUS and ACOEM Guidelines do not contain criteria for this request. ODG states that cytokine DNA testing is not recommended. There is no current evidence to support the use of cytokine DNA testing for the diagnosis of pain, including chronic pain. Additionally, they state that genetic testing for potential opioid abuse is not recommended. As such, the currently requested saliva DNA test is not medically necessary.

Clonidine 0.1 twice a day #30 for two months: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Clonidine, Intrathecal, Page(s): 34. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: 1. Physician Desk Reference: Clonidine 2. Pharmacotherapy:

Adjunctive Agents in the Management of Chronic Pain
http://www.medscape.com/viewarticle/409782_5

Decision rationale: Regarding the request for clonidine, Chronic Pain Medical Treatment Guidelines state that clonidine is a direct acting adrenergic agonist prescribed historically as an antihypertensive agent, but it has found new uses including treatment of some types of neuropathic pain. The medication is FDA approved with an orphan drug intrathecal indication for cancer pain only. However, according to the physician desk reference (PDR), the oral form is FDA approved for hypertension only. Some data exist regarding oral and topical administrations in patients with diabetic neuropathy, post-herpetic neuralgia, and aquadynia. In the submitted documentation available for review, the treating physician prescribed clonidine for sympathetically-maintained pain. The utilization review denied the request because there was no documentation of failed trials of 'Y' pain medication and documentation indicating that this medication is more beneficial to the claimant than a 'Y' drug on the QDG formulary. In agreement with the UR decision, the treating physician provided limited documentation that the injured worker failed recommended pain medication and did not document the rationale as to why clonidine would be more efficacious than other recommended treatments. Based on the lack of documentation, medical necessity for clonidine 0.1mg twice a day #30 cannot be established.

Gabadone two at bedtime, for two months: 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) ODG-TWC Pain Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Medical Food

Decision rationale: Gabadone is a medical food. California MTUS and ACOEM guidelines do not contain criteria for the use of medical foods. ODG states that medical foods are recommended for the dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements. In regard to Gabadone, the ODG states that it is a medical food from Physician Therapeutics, Los Angeles, CA, 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. (Shell, 2009). In the submitted documentation available for review, the treating physician has not indicated that this patient has any specific nutritional deficits. Additionally, while the Gabadone was prescribed for insomnia, there are no diagnoses, conditions, or medical disorders for which distinctive nutritional requirements are present. In the absence of such documentation, the currently requested Gabadone two at bedtime, for two months is not medically necessary.

Percura two twice daily #120 for two months: 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) ODG-TWC Pain Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Medical Food

Decision rationale: Percura is a specially formulated prescription-only Medical Food consisting of a proprietary blend of amino acids in specific proportions, for the dietary management of the altered metabolic processes associated with pain, inflammation and loss of sensation due to peripheral neuropathy. The formulation consists of nonessential and essential amino acids L-Arginine, L-Histidine, L-Glutamine, L-Serine, L-Lysine, L-Ornithine, Acetyl L-Carnitine, L-Tyrosine, the nonstandard amino acid Gamma Aminobutyric Acid, and Choline Bitartrate. California MTUS and ACOEM guidelines do not contain criteria for the use of medical foods. ODG states that medical foods are recommended for the dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements. Furthermore, the ODG states the following regarding choline: "There is no known medical need for choline supplementation except for the case of long-term parenteral nutrition or for individuals with choline deficiency secondary to liver deficiency." Regarding L-Serine the ODG states there is no indication for the use of this supplement. In the submitted documentation available for review, the treating physician has not indicated that this patient has any specific nutritional deficits. Percura was prescribed for dysesthesias and paresthesias but there are no diagnoses, conditions, or medical disorders for which distinctive nutritional requirements are present. Additionally, Percura contains ingredients for which there are no indications for use, as stated by the guidelines. In the absence of such documentation, the request for Percura two twice daily #120 for two months is not medically necessary.