

Case Number:	CM14-0174896		
Date Assigned:	11/04/2014	Date of Injury:	10/13/2012
Decision Date:	12/17/2014	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	10/22/2014

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 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 39 year old male with date of injury 10/13/12. The treating physician hand written report dated 8/19/14 indicates that the patient presents with pain affecting the right knee and lumbosacral spine. The physician states, "Recently in ER, received Fentanyl patch and Dilaudid x 2 weeks and denies an illicit drug use now. The physical examination findings reveal: weight 220, + genu varia right knee and positive pain and tenderness affecting the lumbosacral spine. The current diagnoses are: Lumbar DDD with L4/5 disc protrusion with radiculopathy; severe right knee medial compartment arthropathy; Left knee patellofemoral chondromalacia. The utilization review report dated 10/17/14 denied the request for MSContin 30mg, Gabapentin, Urine toxicology, EKG, Labs-CMP, MG P4, Folic acid level, Testosterone level, B12 level, Trial MSContin 60mg and Norco twice a day based on the MTUS and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 30mg extended release, 1 tablet twice a day, 30 days: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 74-96.

Decision rationale: The patient presents with chronic lower back pain and right knee pain. The current request is for MSContin 30mg extended release, 1 tablet twice a day, 30 days. In reviewing the prior reports submitted for review the provider states on 6/3/14 that the patient is seeing a methadone clinic. On 6/4/14 there is an orthopedic report that states, "The patient was taking Fentanyl, Dilaudid and Methadone but has been out of his medications for the last month and a half or so. The MTUS guidelines support the usage of MSContin and it is reserved for patients with chronic pain, who are in need of continuous treatment. The current request for MSContin cannot be found in the reports supplied for review. On 10/28/14 the treating physician states, "Patient was informed that we could not prescribe pain meds now that he is under care of [REDACTED] and was given pain meds recently." On 9/23/14 the treating physician stated, "Refill Norco 10/325mg #60." There is no supporting documentation found to indicate the current need for MSContin 30mg #60. Therefore, this request is not medically necessary.

Gabapentin 300mg, 1 tablet three times a day, 1 month: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), Gabapentin Page(s): 18-19.

Decision rationale: The patient presents with chronic lower back pain and right knee pain. The current request is for Gabapentin 300mg, 1 tablet three times a day, 1 month. In reviewing the treating physician reports provided for review there is no mention that the patient has been prescribed Gabapentin. The utilization review report dated 10/17/14 states that partial certification was provided to allow the treating physician time to submit compliance of medication usage or to wean off of the medication. The MTUS guidelines recommend Gabapentin for patients with neuropathy and neuropathic pain. In this case the patient was diagnosed with radiculopathy. There are no objective findings of neuropathic pain in the reports provided. The MTUS guidelines page 60 requires documentation that includes evaluating the effect of pain relief in relationship to improvements in function and increased activity. In this case there is very, very limited documentation provided in the treating physician reports submitted and there is no information as to how this patient has responded to this medication in the past. The reports reviewed do not request Gabapentin and there is no way of knowing if this is a first time request or an ongoing prescription that would require more thorough documentation. Therefore, this request is not medically necessary.

Urine toxicology: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43;94-95.

Decision rationale: The patient presents with chronic lower back pain and right knee pain. The current request is for Urine toxicology. The utilization review report dated 10/17/14 authorized 10 panel random urine toxicology for qualitative analysis. The treating physician reports that the patient was being seen in a Methadone clinic in the 6/3/14 report. The treating physician report dated 6/17/14 states a UDS was done and will be positive for opioids, prescribed Norco 10/325 #60. On 8/19/14 the provider performed another UDS for narcotics usage, no results were provided. The MTUS guidelines recommend urine toxicology drug screenings for patients that are taking opioids to avoid their misuse. The patient has had at least two UDS performed in 2014. MTUS states, "Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control." In reviewing the records provided it appears that the patient has addiction and poor pain control issues. Therefore, this request is medically necessary.

EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://emedicine.medscape.com/article/1894014>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar chapter for preoperative testing

Decision rationale: The patient presents with chronic lower back pain and right knee pain. The current request is for an EKG. In reviewing the treating physician reports provided for review I could not find a request for an EKG. There is no documentation of any cardiac issues found in this patient. The ODG guidelines support ECG testing for patients undergoing high-risk surgery and that undergoing intermediate-risk surgery who have additional risk factors. In this case the patient is not scheduled for surgery and there is no medical rationale provided as to why an EKG is required. Therefore, this request is not medically necessary.

Labs: CMP, Mg, PO4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation labtestonline.org

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The patient presents with chronic lower back pain and right knee pain. The current request is for Labs: CMP, Mg, PO4. The treating physician reports reviewed do not request any labs. A Comprehensive Metabolic Panel, magnesium and phosphorus are not addressed by MTUS for chronic back pain and right knee pain. The provider has not documented any red flags for fracture, tumor or infection. The American College of Rheumatology recommends hemoglobin or hematocrit is recommended at baseline and during the first year if the patient has risk factors for GI bleeding; and for risk for renal insufficiency, serum creatinine. In this patient, the treating physician does not identify any such risk factors or subjective complaints. Therefore, this request is not medically necessary.

Folic acid level: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation labtestonline.org

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: American College of Rheumatology recommendations: (<http://www.rheumatology.org/Practice/Clinical/Quality/Drug-Safety/>).

Decision rationale: The patient presents with chronic lower back pain and right knee pain. The current request is for Folic acid level. The treating physician reports reviewed do not request any labs. A folic acid level test is often done at the same time as a test for vitamin B12 levels because a lack of either vitamin may cause anemia. Folic acid level testing is not addressed by MTUS for chronic back pain and right knee pain. The provider has not documented any red flags for fracture, tumor or infection and there is no indication that anemia is an issue in this patient. The American College of Rheumatology recommends hemoglobin or hematocrit is recommended at baseline and during the first year if the patient has risk factors for GI bleeding; and for risk for renal insufficiency, serum creatinine. In this patient, the treating physician does not identify any such risk factors or subjective complaints. Therefore, this request is not medically necessary.

Testosterone level: Upheld

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

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: Testosterone replacement for hypogonadism (related to opioids)

Decision rationale: The patient presents with chronic lower back pain and right knee pain. The current request is for Testosterone level. The treating physician reports reviewed do not request any labs. The ODG guidelines offer the following, "Routine testing of testosterone levels in men taking opioids is not recommended; however, an endocrine evaluation and/or testosterone levels should be considered in men who are taking long term, high dose oral opioids or Intrathecal opioids and who exhibit symptoms or signs of hypogonadism, such as gynecomastia." In this case the treating physician does not document any signs of hypogonadism. Therefore, this request is not medically necessary.

B 12 level: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation labtestonline.org

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: American College of Rheumatology recommendations:
(<http://www.rheumatology.org/Practice/Clinical/Quality/Drug-Safety/>).

Decision rationale: The patient presents with chronic lower back pain and right knee pain. The current request is for B 12 level. The treating physician reports reviewed do not request any labs. A B12 level test is measures the amount of vitamin B12 in your blood. B 12 level testing is not addressed by MTUS for chronic back pain and right knee pain. The provider has not documented any red flags for fracture, tumor or infection and there is no documentation of B12 issues in this patient. The American College of Rheumatology recommends hemoglobin or hematocrit is recommended at baseline and during the first year if the patient has risk factors for GI bleeding; and for risk for renal insufficiency, serum creatinine. In this patient, the treating physician does not identify any such risk factors or subjective complaints. Therefore, this request is not medically necessary.

Trial MS Contin 60mg twice a day: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 74-96.

Decision rationale: The patient presents with chronic lower back pain and right knee pain. The current request is for Trial MSContin 60mg twice a day. In reviewing the prior reports submitted for review the provider states on 6/3/14 that the patient is seeing a methadone clinic. On 6/4/14 there is an orthopedic report that states, "The patient was taking Fentanyl, Dilaudid and Methadone but has been out of his medications for the last month and a half or so. On 10/28/14 the provider states, "Patient was informed that we could not prescribe pain meds now that he is under care of [REDACTED] and was given pain meds recently. Patient became very angry, belligerent, calling people in office, physician names, was throwing things. Dr. discharged patient from practice, we will no longer see him." The information provided for review does not seem to substantiate a trial of MSContin 60mg twice a day. The MTUS guidelines support the usage of MSContin and it is reserved for patients with chronic pain, who are in need of continuous treatment. The current request for MSContin cannot be found in the reports supplied for review. There is no supporting documentation found to indicate the current need for MSContin 60mg #60. Therefore, this request is not medically necessary.

Norco twice a day: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88,89.

Decision rationale: The patient presents with chronic lower back pain and right knee pain. The current request is for Norco twice a day. The treating physician report dated 9/23/14 states, "Refill Norco 10/325 #60." The treating physician has been prescribing this medication since at least 6/12/14. MTUS recommends the usage of Norco for the treatment of moderate to moderately/severe pain and continued usage of the medication must be substantiated with proper documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). In this case the treating physician has not provided any documentation that the patient has decreased pain with medication usage or improved ability to perform functional activities of daily living with medication usage and that the patient does not have any adverse effects or adverse behavior with Norco usage. MTUS requires much more documentation of the effects of opioid medication usage to allow continued usage. Therefore, this request is not medically necessary of Norco 10/325 #60.