

Case Number:	CM14-0023383		
Date Assigned:	05/14/2014	Date of Injury:	01/28/2010
Decision Date:	07/11/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/24/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome, chronic low back pain, and chronic neck pain reportedly associated with an industrial injury of January 28, 2010. Thus far, the applicant has been treated with analgesic medications, attorney representations, transfer of care to and from various providers in various specialties, opioid therapy, unspecified amounts of extracorporeal shockwave therapy, unspecified amounts of acupuncture over the life of the claim and sleep aids. In a Utilization Review Report dated February 11, 2014, the claims administrator denied a urine drug screen, denied Ambien, partially certified Nucynta, seemingly for weaning purposes, denied Protonix, denied Tizanidine, and denied Viagra. The claims administrator did not clearly incorporate cited guidelines into its rationale. The claims administrator's rationale employed an outlined format and was somewhat difficult to follow. The applicant's attorney subsequently appealed. The applicant apparently received extracorporeal shockwave therapy for plantar fasciitis at various points throughout late 2013. In a progress note dated October 15, 2013, the applicant was asked to follow up with his pain management physician. 5/5 pain was noted. The applicant was using Protonix, Zanaflex, Nucynta, and Ambien; it was stated at that point in time. The applicant also had issues with depression, anxiety, stress, and insomnia, it is stated. The applicant was status post an L5-S1 microdiscectomy, it was stated, in 2010. The applicant's work status was not provided. In a progress note dated November 23, 2013, the applicant reported 4/10 pain with medications and 7/10 pain without medications. The applicant did state, however, that he was limited in terms of activity, ambulation, hand function, and sleep secondary to pain. The applicant was apparently given renewals of multiple medications, including Ambien, Nucynta, Viagra, Protonix, and Tizanidine. The applicant stated that there were no changes in his gastrointestinal review of systems.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINE DRUG SCREEN (UDS): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- Online, Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing. Decision based on Non-MTUS Citation ODG Chronic Pain Chapter, Urine Drug Testing topic.

Decision rationale: While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or a frequency with which to perform urine drug testing. As noted in the ODG Chronic Pain Chapter Urine Drug Testing topic, an attending provider should attach an applicant's complete medication list to the request for testing, should provide a complete list of those medications which an applicant is taking and/or state when the last time an applicant was tested. In this case, however, none of the aforementioned criteria have been met. It was not clearly stated when the applicant was last drug tested. It was not clearly stated what medications the applicant was presently taking. It was not clearly stated what drug tests and/or drug panels were being sought. Therefore, the request is not medically necessary.

AMBIEN 10 MG #30: 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), Chronic Pain Chapter, Zolpidem.

Decision rationale: The MTUS does not address the topic. As noted in the ODG Chronic Pain Chapter Zolpidem topic, Zolpidem or Ambien is indicated in the short-term management of insomnia, typically in the order of two to six weeks. It is not recommended for the chronic, long-term, and/or scheduled use purpose, which is being proposed here. In this case, the attending provider has not proffered any applicant-specific rationale, narrative, or commentary which would offset the unfavorable MTUS recommendation. Therefore, the request is not medically necessary.

NUCYNTA ER 100 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

Decision rationale: The request in question is a renewal request. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant does not appear to meet the aforementioned criteria. The applicant does not appear to have returned to work. The applicant appears significantly limited in terms of performance of even basic activities of daily living, such as hand function and ambulation. Continuing Nucynta in the face of the applicant's failure to demonstrate improvement is not recommended. Therefore, the request is not medically necessary.

PANTOPRAZOLE DR 20 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic Page(s): 69; 7.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support provision of proton pump inhibitors such as Protonix in the treatment of NSAID-induced dyspepsia, in this case, however, there is no mention of reflux, dyspepsia, and/or heartburn made on any recent progress note. The applicant no longer appears to be using NSAIDs. As noted on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines, it is incumbent upon the attending provider to factor discussion of medication efficacy into his choice of recommendations. In this case, however, the attending provider did not make any mention or discussion of Pantoprazole efficacy. Therefore, the request is likewise not medically necessary.

TIZANIDINE 4 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine section Page(s): 66; 7.

Decision rationale: While page 66 of the MTUS Chronic Pain Medical Treatment Guidelines does note that Tizanidine is FDA approved in the treatment of spasticity and can be employed, off label, for low back pain, in this case, as with the other medications, the attending provider has not established the presence of any lasting benefit or functional improvement as defined in MTUS 9792.20f achieved through ongoing use of Tizanidine. The applicant remains off of work. The applicant remains highly reliant and highly dependent on other forms of medical treatment, including opioid therapy. All of the above, taken together, imply a lack of functional improvement as defined in MTUS 9792.20f despite ongoing use of Tizanidine. There has,

furthermore, been no discussion of medication efficacy incorporated into any recent progress notes provided, contrary to what is suggested on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is likewise not medically necessary.

VIAGRA 100 MG #10: 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 American Urologic Association (AUA), Management of Erectile Dysfunction Guideline.

Decision rationale: The MTUS does not address the topic. While the American Urologic Association (AUA) does acknowledge that 5-phosphodiesterase inhibitors such as Viagra are considered the first line of therapy for erectile dysfunction, the AUA further notes that applicants who are receiving 5-phosphodiesterase inhibitor therapy should be periodically followed up upon for discussion of efficacy, side effects, and/or significant changes in health status. In this case, however, the attending provider has seemingly renewed the item in question without any discussion of efficacy. Therefore, the request is likewise not medically necessary.