

<b>Case Number:</b>	CM14-0027340		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	12/12/2006
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2014

### 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 Medicine, and is licensed to practice in New York and Texas. 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 53 year old male who sustained an injury on 12/12/06 while holding a tool in the right hand. The injured worker felt a pulling sensation in the neck followed by a burning sensation throughout the right upper extremity. Prior treatment has included the use of physical therapy. The injured worker is noted to have undergone a prior cervical fusion in July of 2007. The injured worker did have a right carpal tunnel release performed in December of 2011. The injured worker's medication history was pertinent for the use of antidepressants, anticonvulsants, narcotics to include Percocet and muscle relaxers. The injured worker was utilizing topical compounded medications and was also utilizing Butrans. Although prescribed Butrans, the 07/29/13 toxicology results were inconsistent with this medication as no results for Butrans was found. There were positive findings for non-prescribed medications to include Codeine and Morphine. Subsequent urinary drug screen findings on 08/23/13 were again inconsistent as there was a possible finding for Methamphetamines which were not prescribed. Drug screen reports from 10/31/13 again noted inconsistent findings regarding positive results on Tramadol and Hydrocodone which were not prescribed medications. The injured worker was seen by treating physician on 11/05/13 with continuing complaints of pain in the neck radiating to the right upper extremity. The injured worker felt that his neuropathic symptoms were returning as he had been unable to obtain further prescriptions for Lyrica. The injured worker also reported benefits from Ambien in combination with Trazadone. The injured worker felt he was obtaining 20-30% relief with the use of Percocet in conjunction with the use of a Butrans patch. Pain scores were between 5-7/10 on the visual analog scale(VAS). Physical examination findings were limited to vital signs only. Medications were continued at this visit. Follow up on 01/20/14 with treating physician noted the injured worker was doing well with current

medications with his pain scores reduced from 8-9/10 down to 6/10. Physical examination findings again were limited to vital signs only. Lyrica was discontinued at this evaluation. The injured worker was continued on Percocet, Butrans patches, Metaxalone, a topical Ketoprofen ointment, Trazadone, Ambien, and Colace. Urine drug screen report from 01/30/14 noted negative findings for Trazadone. All other medications were consistent. Urine drug screen reports from 02/18/14 noted no positive findings for Oxycodone which was a prescribed medication. Follow up with [REDACTED] on 02/10/14 noted continuing stable pain with medications. Physical examination findings were limited to vital signs only. Medications were continued at this visit. The requested urine drug screen, Percocet 10/325mg, quantity 60, topical Ketoprofen ointment, and Ambien 10mg, quantity 30 were all denied by utilization review on 02/22/14.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **1 URINE DRUG SCREEN: Overturned**

**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, UDS.

**Decision rationale:** In regards to the request for a urine drug screen, this reviewer would have recommended this request as medically necessary. In review of the clinical documentation provided, there is clear documentation regarding inconsistency in the injured worker's urine drug screen findings. Although potentially due to contamination, the injured worker's most recent 5 drug screens have all been inconsistent with 1 prescribed medication or another. Given this clear inconsistency with the injured worker's drug screen results as well as the continuation of prescription controlled substances such as Butrans and Percocet as well as Ambien and Trazadone, this reviewer would have recommended continuing urinary drug screens for compliance as outlined by guidelines. The injured worker does present with elevated risk factors for abuse or diversion. Therefore, the requested urine drug screen was medically necessary.

#### **1 PRESCRIPTION OF PERCOCET 10/325MG #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

**Decision rationale:** It is noted in the prior utilization report that this request was modified to a quantity of 48. This reviewer does agree with the prior utilization review decision. The injured worker was utilizing Butrans patches in addition to Percocet which is not supported by current

evidence based guidelines. Butrans is utilized as a method of addressing ongoing chronic pain that has failed other 1st line analgesics for pain. It is unclear why the injured worker was continued on Percocet in addition to Butrans instead of being weaned off of Percocet which would be expected by guidelines. The approved quantity of 48 for this medication was appropriate in order to facilitate weaning off of Percocet as recommended by guidelines. Therefore, this reviewer would not have recommended the request as medically necessary as submitted.

**KETOPROFEN MILD OINTMENT: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** There is no indication from the clinical reports that the injured worker was unable to tolerate or had failed previous use of oral anti-inflammatories including over the counter anti-inflammatories. Per current evidence based guidelines, compounded topical medications are largely considered experimental and investigational due to the insufficient evidence in the clinical literature regarding the efficacy of compounded prescription medications used on a transdermal basis as compared to their oral counterparts. Without clear indications for the use of a Ketoprofen ointment in this case, this reviewer would not have recommended this request as medically necessary.

**1 PRESCRIPTION OF AMBIEN 10MG #30: Upheld**

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

**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, Zolpidem.

**Decision rationale:** The use of Ambien to address insomnia is recommended for a short term duration no more than 6 weeks per current evidence based guidelines. Furthermore, the FDA has recommended that dosing of Ambien be reduced from 10mg to 5mg due to adverse effects. The clinical documentation submitted for review does not provide any indications that the use of Ambien has been effective in improving the claimant's overall functional condition. As such, this reviewer would not have recommended this request as medically necessary.