

Case Number:	CM14-0029176		
Date Assigned:	06/16/2014	Date of Injury:	04/21/2012
Decision Date:	07/21/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/06/2014

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 low back pain and chronic pain syndrome reportedly associated with an industrial injury of April 21, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; topical compound; attorney representation; adjuvant medication; and unspecified amounts of acupuncture to date. In a February 27, 2014 utilization review report, the claims administrator partially certified a request for 100 tablets of Naprosyn and 60 tablets of Naprosyn, partially certified a request for 100 tablets of omeprazole as 30 tablets of the same, denied a urine drug screen, and denied acupuncture. The claims administrator, it is incidentally noted, cited misnumbered and outdated 2007 acupuncture guidelines, which were mistakenly labeled as originating from the medical treatment utilization schedule. The claims administrator did not, it is further noted, incorporate cited guidelines into its rationale. The claims administrator based the denial for the urine drug screen to the fact that there was no evidence that the applicant was using opioid medications. The claims administrator stated that the attending provider has not documented efficacy and improved functional activity with ongoing gabapentin usage. In an appeal letter dated May 31, 2014, the attending provider stated that the applicant was using Neurontin to reportedly good effect. The attending provider also stated that the applicant's going usage of Flexeril, Naprosyn, omeprazole, and Neurontin had effectively obviated the need for opioid therapy. The claims administrator also stated that the applicant not had a urine drug testing in three months and was therefore due for the same. In a handwritten May 28, 2014 progress note, the applicant was described as taking pain medications with appropriate relief. The applicant did report ongoing issues of low back pain, however, it was noted. The applicant was given diagnosis of lumbar radiculopathy, myofascial pain syndrome, and strain of cervical spine. The applicant was given refills of Naprosyn, Prilosec, and Neurontin. The note was

admittedly somewhat difficult to follow. It did appear that the applicant was returned to regular work, however. An earlier note of May 13, 2014 was again notable for comments that the applicant had finished first round of acupuncture with benefit. The applicant was again returned to regular work. Urine drug testing of March 12, 2014 was negative for all the drugs tested. On March 5, 2014, the attending provider acknowledged that the applicant had had extensive acupuncture in 2013 and has not had any acupuncture in 2014. The attending provider stated that the applicant was entitled to 24 sessions of acupuncture annually. The attending provider did, it appears, test for approximately 10 different opioid metabolites, 10 different benzodiazepine metabolites, multiple antidepressant metabolites, and multiple amphetamine metabolites.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINE SCREEN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-80, 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing.

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 drug testing. As noted in the ODG Chronic Pain Chapter Urine Drug Testing Topic, however, an attending provider should clearly state which drug tests and/or drug panels he intends to test for along with the request for authorization and attempt to adhere to standard protocols when performing testing. In this case, however, the attending provider is apparently intent on testing for multiple different opioid and benzodiazepine metabolites. Such testing does not conform to the best practices of the United States Department of Transportation (DOT), which, as noted by the ODG, the attending provider should attempt to adhere to. It is further noted that ODG suggests that an attending provider should clearly state, which drug tests and/or drug panels he is testing for and furnish some rationale as to why. In this case, again, the attending provider did not furnish any compelling rationale for the nonstandard drug testing proposed here. Therefore, the request was/is not medically necessary.

ACUPUNCTURE 2X WEEK FOR 4 WEEKS QUANTITY: 8: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: As noted in the MTUS 9792.24.1.d., acupuncture treatments may be extended if there is evidence of functional improvement as defined in section 9792.20f. In this case, however, the applicant appear to have plateaued with earlier unspecified amounts of acupuncture at various points during the life of the claim, including extensive acupuncture in 2013 acknowledged by the attending provider. The applicant remains highly reliant and highly dependent on a variety of oral and topical medications, including topical Terocin, Naprosyn, Neurontin, etc., implying that the applicant has in fact reached a plateau in terms of the functional improvement measures defined in section 9792.20f despite earlier acupuncture. It is further noted that the eight-session request for acupuncture is in excess of three- to six-session course of treatment deemed necessary to effect functional improvement in MTUS 9792.24.1.c.1. Therefore, the request is not medically necessary.

NAPROXEN SODIUM 550MG #100: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications Page(s): 22.

Decision rationale: As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, anti inflammatory medications such as Naprosyn do represent the traditional first-line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here. In this case, the applicant has demonstrated medication efficacy, as stated by the attending provider. The applicant has returned to regular work. The applicant's ongoing usage of Naprosyn has reportedly obviated the need for opioid agents, the attending provider has stated. Continuing Naprosyn, on balance, is therefore indicated, as the applicant has demonstrated ongoing functional improvement as defined in section 9792.20f through the same. Therefore, the request is medically necessary.

OMEPRAZOLE 20MG #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms, and cardiovascular risk Page(s): 68-69.

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

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that the proton-pump inhibitor such as omeprazole can be employed to combat NSAID-induced dyspepsia, in this case, however, the handwritten documents on file do not establish the presence of ongoing symptoms of heartburn, reflux, and/or dyspepsia, either NSAID-induced or stand-alone. It is further noted that page 7 of the MTUS Chronic Pain Medical Treatment Guidelines states an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the attending

provider has not discussed, detailed, or expounded upon the ongoing efficacy of omeprazole. Therefore, the request is not medically necessary.

GABAPENTIN 600MG #100: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 19.

Decision rationale: As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, an attending provider should document improvements in pain and function on applicants using gabapentin. In this case, the attending provider's documentation has seemingly established ongoing improvements in pain and function achieved with ongoing gabapentin usage. The attending provider has stated that the ongoing usage of gabapentin has been effective in ameliorating the applicant's pain complaints. The attending provider has stated that ongoing usage of gabapentin has obviated the need for opioids. Continuing on the same, on balance, is therefore indicated. Accordingly, the request is medically necessary.