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| Case Number: | CM14-0029547 | | |
| Date Assigned: | 06/16/2014 | Date of Injury: | 11/17/2001 |
| Decision Date: | 07/21/2014 | UR Denial Date: | 02/07/2014 |
| Priority: | Standard | Application Received: | 03/07/2014 |

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 41-year-old who has filed a claim for chronic low back pain reportedly associated with an industrial injury of November 17, 2001. Thus far, the applicant has been treated with analgesic medications, attorney representations, transfer of care to and from various providers in various specialties, long-acting opioid and the apparent imposition of permanent work restrictions. In a Utilization Review Report dated February 6, 2014, the claims administrator denied a request for ibuprofen outright, denied a request for Alprazolam outright and retrospectively denied a urine drug screen apparently performed on December 31, 2013. The applicant's attorney subsequently appealed. In a June 24, 2013 progress note, it was noted that the applicant was using Alprazolam, Morphine, OxyContin, Motrin, and ibuprofen at that point in time. The applicant reported 5/10 pain with medications and 10/10 pain without medications. The applicant stated that she was able to get out of bed with the medications. It was stated that the applicant did not characterize and nevertheless stayed at home all day despite ongoing medication usage. The applicant stated that without the medication, she would feel hopeless and helpless about life and would stay in bed all day. On May 21, 2014, the applicant was again described as reporting 7/10 low back pain. It was again stated that the only thing the applicant is able to accomplish with activities of daily living was ability to get out of bed. The applicant is again described as using Oxycodone 5 mg, Alprazolam 1 mg, Oxycodone 10 mg, Morphine 30 mg, and ibuprofen 800 mg. The applicant was described as permanent and stationary. The applicant was again described as not working. On December 31, 2013, the applicant apparently underwent drug testing which was positive for opioids and benzodiazepines and negative for all other items on the panel. Confirmatory testing was performed for a variety of different opioid metabolites. The attending provider, it is incidentally noted, did not state when the applicant was last tested.

IMR ISSUES, DECISIONS AND RATIONALES

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

IBUPROFEN 800 MG, #60 WITH 4 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 67-70.

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

Decision rationale: While page 22 of the California MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as ibuprofen do represent a traditional first-line of treatment for various chronic pain conditions, in this case, however, the applicant has been using the medication in question chronically, without any clear demonstration of medication efficacy or functional improvement. The applicant states that her pain score is down from 10/10 to 7/10 with ongoing medication usage appears to be marginal to negligible at best, particularly in light of comments made by the attending provider to verify that the applicant is not working and still stays at home all day. The only activity of daily living which the applicant has apparently been able to accomplish as a result of ongoing medication usage is the ability to get out of bed. This appears to be marginal to negligible and is, as previously noted, outweighed by the continued pain complaints and the applicant's failure to return to any form of work seven years removed from the date of injury. It is further noted that ongoing ibuprofen usage does not appear to have diminished the applicant's reliance on other forms of medical treatment, including ongoing opioid usage. The applicant is using a variety of long and short-acting opioids. It does not appear, in short, that the applicant has demonstrated any functional improvement as defined in MTUS 9792.20f through ongoing ibuprofen usage. Therefore, the request is not medically necessary.

ALPRAZOLAM 1 MG, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: While the California MTUS-adopted ACOEM Guidelines in Chapter 15, page 402 do acknowledge that benzodiazepine usage may be appropriate for brief periods, in cases of overwhelming symptoms, in this case, however, there is no evidence of any recent issues with overwhelming symptoms or anxiety. It appears, rather, that the attending provider is intent on employing Alprazolam for chronic, long-term, and/or scheduled use purposes, for insomnia. This is not an approved indication for the same, per ACOEM. Therefore, the request is not medically necessary.

RETROSPECTIVE REQUEST: URINE DRUG SCREEN (UDS) PERFORMED 12/31/13:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

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

Decision rationale: While page 43 of the California MTUS Chronic Pain Medical Treatment Guidelines acknowledges that intermittent drug testing may be appropriate 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, it is incumbent upon the attending provider to clearly state when an applicant was last tested prior to performing testing. The attending provider should also attempt to conform to the best practice of standards of the United State Department of Transportation (DOC) representing the most legally defensive means of performing testing. In this case, however, the attending provider tested for a variety of opioid metabolites and did seemingly perform some confirmatory testing for different opioid metabolites. No clear rationale for the same was provided. Therefore, the request was not medically necessary.