

Case Number:	CM14-0030718		
Date Assigned:	06/20/2014	Date of Injury:	12/12/2002
Decision Date:	07/17/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/10/2014

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 and Rehabilitation, and is licensed to practice in Illinois. 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 58-year-old male with a reported date of injury on 12/12/02. The mechanism of injury was not provided within the documentation available for review. The injured worker presented with moderate back pain. The physician indicated the injured worker complained of fluctuating, persistent low back, neck, and thigh pain. Surgical history included a fusion of L4-5 and removal of hardware in 2007. Within the clinical note dated 2/21/14 the physician indicated the injured worker was positive for abdominal pain and constipation. In addition, the injured worker was positive for urinary frequency and incontinence. According to the documentation available for review, the injured worker rated his pain without medications at 5/10 and with medications at 3/10. The previous physical therapy or conservative care is not provided within the documentation available for review. The physician indicated that the injured worker is undergoing psychiatric care and psychotherapy, the results of which were not provided within the documentation available for review. The urinalysis dated 8/1/13 came up normal. In addition, the bloodwork dated 8/1/13 also came up within normal limits. The injured worker's diagnoses included depression, hypercholesterolemia, anxiety, radiculopathy in the thoracic and lumbosacral spine, spondylolisthesis, cannabis dependence, degenerative disc disease, low back pain, pain in joints involving lower legs, degenerative disc disease of the lumbar spine, hypertension, cervical radiculopathy, neck pain, constipation, chronic pain due to trauma, and failed back surgery syndrome. The injured worker's medication regimen included Suboxone, Senokot, Zocor, lisinopril, Lexapro, Xanax, Cardizem CD, and testosterone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urinalysis complete QTY: 1.00: 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 MedlinePlus.

Decision rationale: According to MedlinePlus, a urine culture is a lab test to check for bacteria or other germs in a urine sample. A urinary tract infection, or UTI, is an infection of the urinary tract. The infection can occur at different points of the urinary tract including bladder, kidneys, ureters, or urethra. The symptoms of a bladder infection include cloudy or bloody urine, which may have foul or strong odor, low fever, pain or burning with urination, pressure or cramping in the lower abdomen or back, and strong need to urinate often, even right after the bladder has been emptied. According to the clinical documentation provided for review the injured worker had a urinalysis on 8/1/13 which came back within normal limits. The rationale for the request was not provided within the documentation available for review. The clinical note dated 2/21/14 did indicate the injured worker was positive for urinary frequency and urinary incontinence. There was a lack of documentation related to further signs, symptoms, or concerns. As such, the request is not medically necessary.

ELA 9 QTY: 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

Decision rationale: ELA 9 is a urine drug screen. The California MTUS Guidelines state that the use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control is recommended. The urine drug screen dated 10/13/13 came back within normal limits for medications prescribed. The rationale for the request was not provided within the documentation available for review. There is a lack of documentation related to the physician's concerns of issues of abuse, addiction, or poor pain control. As such, the request is not medically necessary.

Buprenorphine and Metabolites Screen, Blood QTY: 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27.

Decision rationale: Buprenorphine and metabolites screen is a confirmation/quantitation of the medication Bupren. Buprenorphine is an opioid. The California MTUS Guidelines state that Buprenorphine is recommended for the treatment of opioid addiction. It is also recommended as an option for chronic pain, especially for detoxification in patients who have a history of opioid addiction. Suboxone is also supplied as a sublingual tablet in two dosage strengths (2/.05 mg or 8/2 mg). After sublingual administration, onset occurs in 30-60 minutes. Peak blood flow levels are found at 90-100 minutes, followed by rapid decline until six hours, and then a gradual decline over more than 24 hours. When used for treatment of opioid dependence, clinicians must be in compliance with the Drug Addiction Treatment Act of 2000. Buprenorphine's pharmacological and safety profile makes it an attractive treatment for patients addicted to opioids. Buprenorphine, however, is known to cause a milder withdrawal syndrome compared to methadone and for this reason may be better choice of opioid withdrawal therapy if elected. The rationale for the request was not provided within the documentation available for review. There is a lack of documentation related to the physician's concerns for the injured worker's use, abuse, or misuse of opioids. In addition, the drug screen dated 10/31/13 was within normal limits for medications prescribed. As such, the request is not medically necessary.

Suboxone 2/.05mg QTY: 45.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 27-28.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26.

Decision rationale: The California MTUS Guidelines state that Buprenorphine is recommended for the treatment of opioid addiction. It is also recommended as an option for chronic pain, especially for detoxification in patients who have a history of opioid addiction. Suboxone is also supplied as a sublingual tablet in two dosage strengths (2/.05 mg or 8/2 mg). After sublingual administration, onset occurs in 30-60 minutes. Peak blood flow levels are found at 90-100 minutes, followed by rapid decline until six hours, and then a gradual decline over more than 24 hours. When used for treatment of opioid dependence, clinicians must be in compliance with the Drug Addiction Treatment Act of 2000. Buprenorphine's pharmacological and safety profile makes it an attractive treatment for patients addicted to opioids. The drug screen dated 10/31/13 came back within limits for the medications prescribed. There is a lack of documentation related to the physician's concerns for use, abuse, or misuse of opioids. There is a lack of documentation related to a history of addiction. The guidelines recommend Suboxone when used for treatment of opioid dependence. In addition, the clinical information provided indicates the injured worker has utilized Suboxone prior to 9/18/13. At that time, the injured worker stated his pain without medication was 6/10 and with medication was 3/10. According to the clinical note dated 2/18/14 the injured worker rated his pain at 5/10 without medications and 3/10 with medications. There is a lack of documentation as to the therapeutic benefit of the ongoing use of Suboxone. In addition, the request as submitted failed to provide frequency and directions for use. As such, the request is not medically necessary.

Senokot-S 8.6/50mg QTY: 600.00: 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.

Decision rationale: The Official Disability Guidelines recommend opioid-induced constipation treatment. Opioid-induced constipation is a common adverse effect of long term opioid use because the binding of opioids to peripheral opioid receptors in the gastrointestinal tract results in absorption of electrolytes, such as chloride, with a subsequent reduction in small intestinal fluid. Activation of enteric opioid receptors also results in abnormal GI motility. Constipation occurs commonly in patients receiving opioids and can be severe enough to cause discontinuation of therapy. According to the clinical documentation provided for review the injured worker has utilized Senokot prior to 9/16/13. The clinical note dated 2/21/14 states that the physician indicated that the injured worker continued to be positive for abdominal pain and constipation. There is a lack of documentation related to the therapeutic benefit in the ongoing utilization of Senokot. In addition, the request as submitted failed to provide frequency and directions for use. As such, the request is not medically necessary.