MAXIMUS Federal Services

Case Number:	CM14-0041222		
Date Assigned:	08/04/2014	Date of Injury:	06/06/2010
Decision Date:	09/10/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/07/2014

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, has a subspecialty in Preventive 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, mid back, and neck pain reportedly associated with an industrial injury of June 6, 2010.Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; topical compounds; transfer of care to and from various providers in various specialties; unspecified amounts of manipulative therapy; and opioid therapy.In a Utilization Review Report dated March 20, 2014, the claims administrator denied a request for tramadol, Naprosyn, unspecified topical compounds, Prilosec, and Flexeril. The claims administrator suggested that the applicant was off of work and had failed to benefit from the medications in question, although overall rationale was quite sparse.In a November 13, 2013 progress note, the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of neck pain, mid back pain, and shoulder pain status post labral repair surgery in June 2010. The applicant was asked to follow up with a pain management physician.On February 13, 2014, the applicant's primary treating provider, a chiropractor, placed the applicant off of work for an additional six weeks owing to ongoing complaints of sharp, severe, intermittent, and throbbing neck and low back pain.In a handwritten note dated February 4, 2014, difficult to follow, not entirely legible, the applicant presented with ongoing complaints of low back pain. Flexeril, Naprosyn, tramadol, and Prilosec were renewed. Little to no narrative commentary was furnished.In a handwritten note dated February 4, 2014, the attending provider did suggest that the applicant undergo urine toxicology testing on that date. Urine drug testing was also performed on March 17, 2014. The testing included nonstandard testing for numerous opioid, benzodiazepine, barbiturate, and antidepressant metabolites.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg (quantity unknown): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Specific drug list and adverse affects) Page(s): 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications Page(s): 7,22.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that antiinflammatory medications such as Naprosyn do represent a traditional first line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation is qualified by commentary on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the applicant is off of work. There has been no mention, discussion, or evidence of medication efficacy achieved with ongoing Naprosyn usage. The applicant remains off of work, on total temporary disability, and continues to remain reliant and dependent on various and sundry medications, taken together, implied a lack of functional improvement as defined in MTUS 9792.20f. Therefore, the request is not medically necessary and appropriate.

Topical Creams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, there is no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify usage of what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems "largely experimental" topical compounds such as the unspecified creams in question. It is further noted that the attending provider has not furnished the names or ingredients in the compound in question. Therefore, the request is not medically necessary.

Prilosec 20mg (quantity unknown): 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): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support provision of proton pump inhibitors such as Prilosec to combat issues with NSAID-induced dyspepsia, in this case, however, the attending provider's handwritten progress notes failed to make any mention of any active issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone. Therefore, the request is not medically necessary and appropriate.

Flexeril 7.5mg (quantity unknown): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for Pain) Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guideline Cyclobenzaprine topic. Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is, in fact, using a variety of oral and topical agents. Adding cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request is not medically necessary and appropriate.

Tramadol 50mg (quantity unknown): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Specific Drug List; Tramadol (Ultram) Page(s): 93-94.

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

Decision rationale: 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 is off of work, on total temporary disability. The attending provider has not recounted or described any tangible decrements in pain or improvements in function achieved as a result of ongoing tramadol usage. Therefore, the request is not medically necessary and appropriate.

Urine Analysis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Urinalysis: a comprehensive review (http://www.ncbi.nlm.nih.gov/pubmed/15791892).

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 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 identify a frequency with which to perform drug testing. As noted in the ODG Chronic Pain Chapter Urine Drug Testing topic, an attending provider should clearly state when an applicant was last tested, attempt to stratify an applicant into higher or lower risk category so as to justify more or less frequent testing, identify which drug tests and/or drug panels he intends to test for, and attempt to conform to the best practices of the United States Department of Transportation (DOT) while performing testing. In this case, however, the attending provider did not provide any rationale, narrative commentary, or justification for selection of nonstandard drug testing to include numerous opioid, benzodiazepine, barbiturate, and antidepressant metabolites, particularly when the qualitative testing for the drug classes in question was negative to begin with. This practice did not conform to DOT parameters. Similarly, the attending provider did not state why the applicant needed to be drug tested so frequently, including on February 4, 2014 and on March 17, 2014. Therefore, the request is not medically necessary and appropriate.