

Case Number:	CM14-0053703		
Date Assigned:	07/07/2014	Date of Injury:	08/28/1996
Decision Date:	09/05/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/22/2014

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 an employee of [REDACTED], who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 28, 1996. Thus far, the applicant has been treated with the following: Analgesic medications, long and short-acting opioids, earlier lumbar laminectomy; subsequent lumbar fusion surgery, epidural steroid injection therapy, and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated March 28, 2014, the claims administrator denied a request for MS Contin, Norco, Prilosec, ranitidine, and a urine drug screen while approving an epidural steroid injection. The claims administrator invoked non-ODG Guidelines and non-MTUS Mosby Guidelines to deny Prilosec and ranitidine, respectively. The claims administrator also invoked both MTUS and non-MTUS Guidelines in the epidural steroid injection approval. Overall, the Utilization Review Report was approximately 20 pages long and was somewhat difficult to follow. The applicant's attorney subsequently appealed. In a medical-legal evaluation of September 17, 2013, the applicant was reportedly precluded from work on the grounds that emotional stress at workplace worsened the applicant's headaches and hypertension. On October 2, 2013, the applicant stated that his gastritis was well controlled with ranitidine and Prilosec. It was also stated that the applicant had received recent sacroiliac joint injection. The applicant stated that MS Contin and Norco were allowing him to function at a more satisfactory level. It was not clearly stated what activities of daily living were specifically ameliorated. However, the attending provider did state that the applicant was not getting medications from any other source. The attending provider performed drug testing for benzodiazepines, methadone, barbiturates, OxyContin, hydrocodone, propoxyphene, opioids, and buprenorphine. The attending provider stated that he was having the test sent to a laboratory for review, implying (but not clearly stated) that confirmatory testing was being performed. MS Contin, Norco, ranitidine, and omeprazole were renewed. It was

further noted that the applicant has a history of gastric bypass surgery associated GI bleeding. On October 7, 2013, the applicant did undergo urine drug testing which was positive for morphine and Norco. The attending provider stated that these positive test results were going to be confirmed by gas chromatography. Later urine drug testing of February 21, 2014 did likewise include confirmatory testing on various opioid metabolites. In a progress note dated February 21, 2014, the applicant presented with persistent complaints of low back pain. The applicant's low back pain complaints were reportedly interfering with his daily activities. It was stated that the applicant was still using MS Contin three times daily and Norco four times daily. The applicant did report pain relief with medications. This was not quantified. However, drug testing was performed. The applicant was asked to pursue an epidural steroid injection. Increased dosages of morphine and Norco were endorsed. The applicant was asked to continue Prilosec and ranitidine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 30mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids, Therapeutic Trial of Opioids, Opioids for Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 80, 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, the applicant is seemingly off of work. While the attending provider has suggested that ongoing pain medication consumption has diminished the applicant's pain complaints, this has not been quantified. The attending provider has not specifically outlined what (if any) activities of daily living have been ameliorated as a result of ongoing MS Contin usage. Therefore, the request is not medically necessary.

Norco 10/325mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids, Therapeutic Trial of Opioids, Opioids for Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 80, When to Continue to 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 criteria have not been met. The applicant is seemingly off of work. While the attending provider has reported some decrements in pain with ongoing opioid therapy, the

attending provider has not quantified these decrements. The attending provider has not stated what (if any) activities of daily have specifically being ameliorated as a result of ongoing Norco usage. Therefore, the request is not medically necessary.

Prilosec 20mg, #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC (Official Disability Guidelines- Treatment in Workers' Compensation) Pain Procedure Summary (updated 1/7/14), Proton Pump Inhibitors.

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

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as Prilosec are indicated in the treatment of NSAID-induced dyspepsia. In this case, the applicant appears to be having ongoing issues with stand-alone dyspepsia. The attending provider has posited that the combination of omeprazole and ranitidine have been successful in ameliorating the applicant's issues with dyspepsia/gastritis. Continuing the same, on balance, is indicated. Therefore, the request is medically necessary.

Ranitidine 150mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult.

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

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as ranitidine are indicated in the treatment of NSAID-induced dyspepsia. In this case, the applicant appears to have stand-alone dyspepsia, by implication, usage of ranitidine is indicated to combat the same. The attending provider has posited that ongoing usage of the same, in conjunction with Prilosec, has been effective in reducing the applicant's symptoms of reflux. Therefore, the request is medically necessary.

Urine Toxicology Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing. Decision based on Non-MTUS Citation ODG-TWC (Official Disability Guidelines- Treatment in Workers' Compensation) Pain Procedure Summary (updated 1/7/14): Urine Drug Testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 1. MTUS page 43, Drug Testing topic Page(s): 43. Decision based on Non-MTUS Citation 2. 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 what drug tests and/or drug panels he intends to test for, state when the applicant was last tested, and attach an applicant's complete medication list to the request for authorization for testing. ODG also notes a confirmatory and/or quantitative testing are not routinely recommended outside of the emergency department drug overdose context. In this case, the attending provider, however, did perform confirmatory/quantitative testing in the clinic setting. No clear or compelling rationale for the same was provided, particularly when the earlier qualitative testing was in fact consistent with prescribed opioids. Therefore, the request was not medically necessary.