

Case Number:	CM14-0056886		
Date Assigned:	07/09/2014	Date of Injury:	02/25/1999
Decision Date:	09/09/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/28/2014

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 psychological stress reportedly associated with an industrial injury of February 25, 1999. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; earlier lumbar laminectomy; transfer of care to and from various providers in various specialties; unspecified amounts of acupuncture; an earlier functional restoration program; and topical agents. In a Utilization Review Report dated April 8, 2014, the claims administrator denied a request for Norco, Soma, a random drug screen, topical ketoprofen, and topical Voltaren gel. The applicant's attorney subsequently appealed. In an April 16, 2014 progress note, the applicant was described as having persistent complaints of low back pain, which the attending provider posited had been ameliorated with ongoing medication usage, including four times daily usage of Norco and two times daily usage of Soma. The applicant was getting Celexa and Valium from her personal physician, it was noted. The applicant was given a primary diagnosis of failed back syndrome. The applicant's work status was not clearly stated. Multiple medications were renewed. In an earlier note of October 15, 2013, the attending provider sought authorization for Norco, Soma, and a random urine drug screen. The attending provider did not state what drug tests and/or drug panels he was intent on performing. The attending provider acknowledged that the applicant had already completed a functional restoration program. The attending provider acknowledged that the applicant had good days and bad days. The applicant's work status was again not clearly stated; however, it did not appear that the applicant was working. On March 13, 2014, the attending provider again noted that the applicant had good days and bad days and that her pain was, at times, unbearable. The attending provider stated that the applicant should attend a repeat functional restoration program. Multiple medications were renewed, including Norco and Soma. A random urine drug was also endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request (DOS: 3/19/14) for Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81.

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

Decision rationale: As noted on page 88 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 seemingly off of work. The applicant's pain complaints are seemingly heightened, despite ongoing usage of Norco and are, at times, unbearable, the applicant has herself reported. The attending provider has not outlined any tangible or concrete improvements in function achieved as a result of ongoing opioid therapy with Norco. Therefore, the request is not medically necessary.

Retrospective request (DOS: 3/19/14) for Soma 350mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol topic Page(s): 29.

Decision rationale: As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol or Soma is not recommended for the chronic and/or long-term use purposes for which it is being proposed here. The applicant has been using Soma for a minimum of several months to several years. Carisoprodol, moreover, is not recommended for use in conjunction with opioid agents, it is suggested on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines. The applicant is, in fact, concurrently using an opioid agent, Norco. For all the stated reasons, then, the request for Soma is not medically necessary.

Retrospective request (DOS: 3/19/14) for 1 urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94-95. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC, Pain.

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

Decision rationale: While page 43 in 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 ODG's 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, identify when the last time the applicant was tested, attempt to conform to the best practices of United States Department of Transportation (DOT) when performing drug testing and attach an applicant's complete medication list to the request for authorization for testing. In this case, however, the attending provider did not state when the applicant was last tested. The attending provider did not state what drug tests and/or drug panels were being sought. The attending provider did not attach the applicant's complete medication list to the request for authorization for testing. Therefore, the request is not medically necessary.

Retrospective request (DOS: 3/19/14) for topical Ketoprofen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Ketoprofen Page(s): 112.

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, ketoprofen, the item at issue, is deemed not recommended for topical compound formulation purposes. No rationale for pursuit of the same in the face of the unfavorable MTUS position was proffered by the attending provider. Therefore, the request is not medically necessary.

Retrospective request (DOS: 3/19/14) for Voltaren gel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Diclofenac/Voltaren Page(s): 112.

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, Voltaren gel has not been evaluated for treatment for the spine, hip, and/or shoulder. In this case, the applicant's primary pain generator is, in fact, the low back (lumbar spine). Topical Voltaren does not appear to be an appropriate selection, given the tepid to unfavorable MTUS positions on the same. Therefore, the request is not medically necessary.