

Case Number:	CM14-0078600		
Date Assigned:	07/18/2014	Date of Injury:	11/12/1999
Decision Date:	09/26/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/28/2014

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 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] [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of November 12, 1999. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and earlier lumbar fusion surgery. In a Utilization Review Report dated April 30, 2014, the claims administrator denied a request for meloxicam, denied a request for Prilosec, approved a request for Colace, partially certified request for Norco, denied request for Robaxin, and denied a urine drug screen. The applicant's attorney subsequently appealed. In a typewritten letter dated May 28, 2014, the applicant stated that she was no longer working as a police officer owing to chronic low back pain complaints. The applicant stated that she had found work as a civilian as an administrative intern at the [REDACTED] [REDACTED]. The applicant stated that she continued working even after receiving a disability award for some time before ultimately ceasing work. The applicant stated that she could no longer jog, run, take walks, etc., owing to ongoing back complaints. The applicant stated that she was angered about continuous denial of medications by her claims administrator. The applicant then stated in another section of her note that the medications allow her to keep on going and allowed her maintain some level of work. The applicant did not clearly state whether or not she was working, it is noted, as portions of her letter were not entirely consistent in terms of reporting this crucial fact. The applicant then stated that she had originally injured her back while saving a fellow officer. In a May 6, 2014 progress note, the applicant reported persistent complaints of neck pain, low back pain, leg pain, and muscle spasms, all apparently associated with her indwelling fusion hardware. The attending provider stated that the applicant was

pending hardware removal. The applicant was on Protonix, Colace, Norco, and Robaxin, it was stated. The applicant was returned to regular duty work. The attending provider stated that ongoing usage of medications allowed the applicant to remain comfortable and work. The attending provider then stated that meloxicam and Prilosec were requested in error. The attending provider stated that the applicant was not using meloxicam and Prilosec and that the applicant was using Protonix, Colace, Norco, and Robaxin. Urine drug testing of April 10, 2014 was reviewed and was notable that 10 different benzodiazepine metabolites were tested, approximately 10 different opioid metabolites were tested, and for the fact that quantitative testing was performed. Quantitative and confirmatory testing were performed on hydrocodone and hydromorphone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meloxicam unspecified dosage Qty:90:

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as meloxicam can be employed for various chronic pain conditions, including the chronic low back pain reportedly present here, in this case, however, it does not appear that the applicant is using meloxicam any longer. The attending provider himself noted on progress notes of January 23, 2014, April 10, 2014, and May 6, 2014 that meloxicam was no longer being employed. In essence, none of the progress notes, referenced above, alluded to usage of meloxicam. Therefore, the request is not medically necessary.

Prilosec 20mg Qty:60:

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support usage of proton pump inhibitors such as Prilosec to combat issues with NSAID-induced dyspepsia, in this case, the attending provider noted on May 6, 2014 that the request for Prilosec was erroneous and that the applicant was not, in fact, using Prilosec. It is further noted that page 7 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider factor into account applicant-specific variables such as "other medications" into his choice of recommendations. In this case, the applicant is using another proton pump inhibitor,

Protonix. Concurrent provision of Prilosec is not, consequently indicated, particularly in light of the attending provider's comment that the applicant was no longer using the same. Therefore, the request is not medically necessary.

Norco 10/325mg Qty:90:

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids 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 has, it appears, achieved and/or maintained successful return to work status, albeit in an administrative role at [REDACTED], reportedly achieved and/or maintained through ongoing opioid therapy with Norco. The attending provider has reported that Norco is generating appropriate analgesia and is helping the applicant remain comfortable and stay at work. This is echoed by the applicant's own letter of May 20, 2014, also suggested that the applicant was, in fact, working with ongoing usage of Norco. Continuing the same, on balance, is therefore, indicated. Accordingly, the request is medically necessary.

Robaxin 750mg Qty:6: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: As noted on page 63 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as Robaxin are indicated for short-term use purposes, to treat acute exacerbations of chronic low back pain. In this case, the six-tablet supply of Robaxin proposed does imply short-term, p.r.n., as-needed usage of the same. Continuing the same in the amount proposed is indicated. Therefore, the request is medically necessary.

Urine Drug Screen:

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

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 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 ODG's Chronic Pain Chapter, Urine Drug Testing topic, the attending provider should clearly state what drug tests and/or drug panels he intends to test for, attempt to conform to the best practices of the United States Department of Transportation when performing testing, and furnish some justification for quantitative and/or confirmatory testing outside of the emergency department drug overdose context. In this case, however, the attending provider did, in fact, perform nonstandard drug testing which included testing for multiple different opioid, benzodiazepine, and antidepressant metabolites. The attending provider performed quantitative testing on several articles, even though the applicant was negative for many of the parent drug classes. No rationale for quantitative and/or confirmatory testing was proffered so as to offset the unfavorable ODG position on the same. Therefore, the request was not medically necessary.