

Case Number:	CM14-0087471		
Date Assigned:	07/23/2014	Date of Injury:	03/03/2010
Decision Date:	09/18/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/11/2014

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 Anesthesiology, has a subspecialty in Pain Medication, and is licensed to practice in Florida. 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 43-year-old who reported an injury on March 3, 2010. The mechanism of injury was not provided in the medical records. The injured worker is diagnosed with cervical spine and lumbar spine degenerative disc disease. Her past treatments included topical analgesics and medications. The injured worker had a urine drug screen on January 14, 2014, which detected hydrocodone. However, alprazolam was not detected. Her symptoms were noted to include neck pain and low back pain. Her medications were noted to include Norco 10/325 mg, Xanax 1 mg, Fioricet, Theramine, Sentra AM, Sentra PM, Gabadone, and omeprazole. On January 6, 2014, the injured worker was given medication refills and it was noted that she would be undergoing a qualitative urine drug screen for medication management to verify compliance. A clear rationale for the retrospective request for omeprazole, alprazolam, Methoderm gel, and a urine drug screen performed on February 13, 2014 was not provided. The request for authorization form was submitted on May 6, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20 mg, sixty count, provided on February 13, 2014: 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 & cardiovascular risk Page(s): 68-69.

Decision rationale: According to the California Chronic Pain Guidelines proton pump inhibitors may be recommended for patients taking NSAID medications who have complaints of dyspepsia or who are found to be at increased risk for gastrointestinal events. The clinical information submitted for review failed to indicate that the injured worker was utilizing NSAID medications or that she had issues with dyspepsia or increased risk factors for gastrointestinal events. Therefore, use of a Proton pump inhibitor is not supported by the evidence-based guidelines. As such, the request for Omeprazole 20 mg, sixty count, provided on February 13, 2014, is not medically necessary or appropriate.

Alprazolam 1 mg, sixty count, provided on February 13, 2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use as long-term efficacy is unproven and there is a significant risk of dependence. The guidelines specify that use should be limited to 4 weeks. The clinical information submitted for review failed to provide details regarding the duration of use of alprazolam for the injured worker. It was noted that she was given a prescription on January 6, 2014. Therefore, a second prescription on February 13, 2014 would not be supported as it would exceed the limit of 4 weeks of use. In addition, the urine drug screen performed on January 14, 2014 failed to show alprazolam. Therefore, further documentation is needed regarding the absence of alprazolam on the patient's urine drug screen at that time to confirm medication compliance. For the reasons noted above, the request for Alprazolam 1 mg, sixty count, provided on February 13, 2014, is not medically necessary or appropriate.

Menthoderm gel, #240, #1, provided on February 13, 2014: 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 Salicylate topicals Page(s): 105.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines recommend, Salicylate topicals have been shown to be significantly better than placebo in chronic pain and there therefore recommended. The injured worker was noted to have chronic pain. However, details regarding the prescription for Mentoderm provided on February 14, 2014 were not provided in the medical records. Therefore, it is unclear how long the injured worker has been

utilizing this medication and whether it has been effective. In the absence of this information, continued use is not supported. In addition, the request failed to provide dose and frequency of use. For the reasons noted above, the request for Mentherm gel, #240, #1, provided on February 13, 2014, is not medically necessary or appropriate.

One urine drug screen, provided on February 13, 2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing; Criteria for the use of Opioids Page(s): 43, 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Pain- Urine Drug testing (UDT).

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines recommend urine drug screening may be recommended for patients taking opioid medications when there are issues with misuse or noncompliance. The clinical information submitted for review indicates that the injured worker is utilizing opioid medications. However, she was shown to have a urine drug screen on January 14, 2014 which confirmed the presence of hydrocodone. Therefore, details are needed regarding the need for an additional urine drug screen on February 14, 2013, as there was no documentation of aberrant drug behaviors or concern for misuse or abuse. Therefore, the request for one urine drug screen is not medically necessary or appropriate.