

Case Number:	CM14-0091123		
Date Assigned:	07/25/2014	Date of Injury:	02/03/2004
Decision Date:	09/26/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	06/17/2014

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 neck, hand, and knee pain reportedly associated with an industrial injury of February 3, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; earlier cervical spine surgery; transfer of care to and from various providers in various specialties; dietary supplements; a TENS unit; genetic testing; and topical agents. In a Utilization Review Report dated May 13, 2014, the claims administrator denied a urine drug screen, denied a cervical epidural steroid injection, denied Theramine, approved tramadol, denied Trepadone, and denied Lidoderm patches. The applicant's attorney subsequently appealed. On February 14, 2014, the applicant presented reporting chronic neck pain, 8-9/10. The applicant had a past medical history notable for reflux, hiatal hernia, and dyslipidemia. The applicant also reported headaches. The applicant was using Lipitor, Dexilant, Robaxin, Hydrocodone, Tramadol, Topiramate, and Silenor, it was noted, an initial drug screen was apparently ordered. The components in the drug screen were not stated. DNA testing was ordered, along with a functional capacity evaluation. The applicant was asked to try tramadol, Gagadone, Trepadone, and Lidoderm patches while discontinuing Norco. The applicant had had earlier epidural steroid injection, it was acknowledged. The applicant was not working, it was suggested, and Additional physical therapy was sought. On March 10, 2014, the applicant was using Robaxin, Ultram, Silenor, Lidoderm, Topamax, and Norco, it was stated, Norco was being used four times daily. The applicant reported pain ranging from 6-10/10. The applicant had filed claims for both a specific, discrete injury, as well as cumulative trauma. Home exercise, physical therapy, and total temporary disability were endorsed. The applicant was given a variety of medications, including

Ultram, Topamax, Norco, and Robaxin for reportedly worsening low back pain. On April 15, 2014, epidural steroid injection therapy at C7-T1 was sought, along with several dietary supplements, topical compounds, and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINE DRUG SCREEN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 43,76-80.

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: The Expert Reviewer's 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, an attending provider should clearly state which drug tests and/or drug panels he intends to test for, state when the last time an applicant was tested, and attending provider attach an applicant's complete medication list to the request for authorization for testing. In this case, the attending provider did not clearly state what drug test and/or drug panels he intended to test for, nor did the attending provider state when the applicant was last tested. Since several ODG criteria for pursuit of drug testing were not seemingly met, the request is not medically necessary.

C7-T1 CERVICAL EPIDURAL STEROID INJECTION WITH CERVICAL EPIDUROGRAM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections topic Page(s): 46.

Decision rationale: The Expert Reviewer's decision rationale: The request in question as acknowledged by the treating provider does represent request for repeat epidural steroid injection therapy. However, as noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, repeat injections should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. In this case, the applicant remains off work, on total temporary disability, despite having received earlier cervical epidural steroid injection therapy. The applicant remains highly reliant and highly dependent on various opioid agents, including Norco and tramadol. All of the above, taken together, suggest a lack of functional improvement as

defined in MTUS 9792.20f despite earlier epidural steroid injection therapy. Therefore, the request is not medically necessary.

THERAMINE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Chronic Pain Chapter, Alternative Treatment section.

Decision rationale: The Expert Reviewer's decision rationale: The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines Chronic Pain Chapter notes that complementary treatments, alternative treatments, and/or dietary supplements such as Theramine are "not recommended" in the treatment of chronic pain as they have not been shown to produce any meaningful benefits or improvements in functional outcomes in the treatment of the same. The attending provider did not furnish any compelling applicant-specific rationale or medical evidence, which would offset ACOEM's unfavorable position on the item at issue. Therefore, the request is not medically necessary.

TREPADONE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Chronic Pain Chapter, Alternative Treatment section.

Decision rationale: The Expert Reviewer's decision rationale: The MTUS does not address the topic. As noted in the Third Edition ACOEM Guidelines Chronic Pain Chapter, Alternative Treatment section, dietary supplements such as Trepadone are not recommended in the treatment of chronic pain, as they have not been demonstrated to have any meaningful benefits or improvements in functional outcomes in the treatment of the same. As with the request for Theramine, the attending provider did not furnish any compelling applicant-specific rationale or medical evidence to offset the unfavorable ACOEM position on the article at issue. Therefore, the request is not medically necessary.

LIDODERM 5 % PATCH: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 56-57.

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

Decision rationale: The Expert Reviewer's decision rationale: While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does note that topical Lidocaine is indicated in the treatment of localized peripheral pain/neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants, in this case, however, the applicant's ongoing usage of Topamax, an anticonvulsant adjuvant medication, effectively obviates the need for the topical Lidoderm patch at issue. Therefore, the request is not medically necessary.