

Case Number:	CM14-0092711		
Date Assigned:	09/25/2014	Date of Injury:	05/11/2006
Decision Date:	10/27/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/19/2014

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:

Injured worker is a 50 year-old male with date of injury 05/11/2006. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 05/23/2014, lists subjective complaints as pain in the back with radicular symptoms to the upper and lower extremities. Objective findings: Tenderness to palpation was noted on the cervical paraspinal musculature. Range of motion was 20 degrees for extension, 60 degrees for flexion, 25 and 20 degrees for lateral flexion. No sensory examination was documented. Diagnosis: 1. Cervical radiculopathy 2. Anxiety 3. Thoracic or lumbosacral radiculopathy 4. Muscle spasms 5. Spinal stenosis in cervical region 6. COAT 7. Myalgia/myositis 8. Other, pain disorder related to psychological fact 9. Chronic pain due to trauma 10. Pain in joint involving shoulder region 11. Insomnia 12. Facet arthropathy 13. GERD 14. Degenerative disc disease, cervical 15. Cervical spondylosis, with myelopathy 16. Depression 17. Neck pain 18. Headache 19. Spondylosis, lumbar without myelopathy 20. Low back pain. The medical records provided for review document that the injured worker has been taking the following medications for at least as far back as eight months. Medications include: Protonix Tablets Delayed Release 40mg, #120 SIG: 1 tablet twice a day and Klonopin Tablets 2mg, #60 SIG: 1 tablet at bedtime.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROTONIX TABLETS DELAYED RELEASE 40MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: Protonix is a proton pump inhibitor. According to the Chronic Pain Medical Treatment Guidelines, and prior to prescribing a proton pump inhibitor, a clinician should determine if the injured worker is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. Although the injured worker carries a diagnosis of GERD, there is no documentation that the injured worker has any the risk factors needed to recommend a proton pump inhibitor. The request is not medically necessary.

KLONOPIN TABLET 2 MG #60: 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 Page(s): 24.

Decision rationale: The MTUS states that benzodiazepines are not "recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks." Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. The injured worker has been taking the benzodiazepine Klonopin for at least 8 months. A previous utilization review physician provided enough medication that the injured worker would be able to wean off slowly. Klonopin is not medically necessary.

URINALYSIS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

Decision rationale: The injured worker is on multiple medications and appears to be a candidate for occasional urine drug screens, there is no indication for urinalysis. In addition, the medical record provides no documentation as to the reason for ordering a urinalysis. The Guides do not support the routine testing of urine except for the presence of drugs or medication. Urinalysis is not medically necessary.

TESTOSTERONE LEVEL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 3.

Decision rationale: For all conditions or injuries not addressed in the MTUS, the authorized treatment and diagnostic services in the initial management and subsequent treatment for presenting complaints shall be in accordance with other scientifically and evidence-based medical treatment guidelines that are nationally recognized by the medical community pursuant to section 9792.25(b). However, the MTUS does not support the treatment of non-occupational conditions. The medical record fails to explain why testosterone testing is related to the injured worker's occupational condition. Testosterone level is not medically necessary.

TSH: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 3.

Decision rationale: For all conditions or injuries not addressed in the MTUS, the authorized treatment and diagnostic services in the initial management and subsequent treatment for presenting complaints shall be in accordance with other scientifically and evidence-based medical treatment guidelines that are nationally recognized by the medical community pursuant to section 9792.25(b). However, the MTUS does not support the treatment of non-occupational conditions. The medical record fails to explain why thyroid function testing is related to the injured worker's occupational condition. TSH level is not medically necessary.

KLONAPIN LEVEL: Upheld

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

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

Decision rationale: Klonopin levels are typically measured in a urine drug screen if the physician is concerned. There is no documentation that the injured worker is abusing the medication or that an overdose is suspected. The MTUS does not support a blood level testing of Klonopin. Klonopin level is not medically necessary.

GABAPENTIN LEVEL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19.

Decision rationale: The management of an injured worker taking gabapentin sometimes requires routine blood chemistry testing if a large dose is prescribed. Gabapentin blood level itself is typically not used as a deciding factor to adjust the injured worker's dose. The medical record contains no documentation as to the reason why a gabapentin level is ordered. The MTUS does not support obtaining a gabapentin level. Gabapentin level is not medically necessary.

BACLOFEN LEVEL: Upheld

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

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

Decision rationale: A previous utilization review decision did not authorize refilling the injured worker's baclofen. The injured worker should be weaned off of baclofen at this time. If the physician is concerned that the injured worker is still taking baclofen, a urine drug screen is the appropriate test. The MTUS does not support obtaining blood level testing for baclofen. Baclofen level is not medically necessary.