

Case Number:	CM14-0097966		
Date Assigned:	07/28/2014	Date of Injury:	10/09/2012
Decision Date:	09/23/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	06/26/2014

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 Physical Medicine and Rehabilitation 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 injured worker is a 54-year-old male who reported an injury on 10/09/2012 who reportedly sustained injuries to his neck and back after he was suddenly rear-ended by a minivan. The injured worker's treatment history included medications, MRI studies, x-rays, CT scan, and physical therapy. Within the documentation submitted, the injured worker had a urine drug screen on 02/14/2014 that was positive for opioid usage. The injured worker was evaluated on 06/02/2014, and it was documented that the injured worker complained of pain in the bilateral sides of the neck, back of the head, and left side of the face; no new symptoms and new pain since last visit. The injured worker's pain score was 5/10. Without pain medications, the injured worker's pain score was 8/10. With pain medications, the injured worker's pain score was 2/10. The provider noted the injured worker was there for paperwork appointment. His present condition was not allowing him to sit in 1 position for too long due to excruciating pain he stated. Therefore, the provider was going to be requesting alternative work setting, whereby he will be alternating between sitting down, keyboarding, and standing up and doing his paperwork. By doing so, it will alleviate pressure on his neck. Therefore, the provider plan was to continue with his current medication, as they give him pain relief and improved function. The plan included continuing with Gabodone 2 tablets for insomnia, continue with Trepadone 2 tablets for joint health, continue Nucynta 75 mg, and return to clinic in 3 weeks. The diagnoses included lumbar radiculopathy, neck pain, myofascial syndrome, cervical herniated disc, pain-related insomnia, and neuropathic pain. The request for authorization dated 06/02/2014 was for urine drug screen quantity, Gabadone, Trepadone, and Nucynta 75 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen Quantity: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug testing (UDT) Page(s): 43.

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

Decision rationale: The request for the urine screening is not medically necessary. California (MTUS) Chronic Pain Medical Guidelines recommended as an option using a urine drug screen to assess for the use or the presence of illegal drugs. There are steps to take before a therapeutic trial of opioids & on-going management; opioids, differentiation: dependence & addiction; opioids, screening for risk of addiction (tests); & opioids, steps to avoid misuse/addiction. The provider indicated the urine drug screen was for medication compliance however, there was a urine drug screen that was positive for opioid usage on 02/14/2014. Given the above, the request for a urine drug screen is not medically necessary.

Gabadone (unknown dosage) #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (www.odgtreatment.com), Medical Food; Work Loss Data Institute (www.worklossdata.com), Medical Food, National Guideline Clearinghouse.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chronic, Medical Food, Gabadone.

Decision rationale: The request for Gabadone (unknown dosage) #60 is not medically necessary. Per the Official Disability Guidelines (ODG), stated that Gabadone is not recommended. GABADone is a medical food from [REDACTED], that is a proprietary blend of choline bitartrate, glutamic acid, 5-hydroxytryptophan, and GABA. It is intended to meet the nutritional requirements for inducing sleep, and treatment for neuropathic pain. The request failed to indicate dosage, duration or frequency of medication. The provider failed to indicate the injured worker's outcome of conservative measures to include physical therapy and pain management. As such, the request for Gabadone is not medically necessary.

Trepadone (unknown dosage) #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (www.odgtreatment.com), Medical Food; Work Loss Data Institute (www.worklossdata.com), Medical Food, National Guideline Clearinghouse.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chronic, Medical Food, Trepadone.

Decision rationale: The request for Trepadone (unknown dosage) # 120 is not medically necessary. Per the Official Disability Guidelines (ODG), stated that Trepadone is not recommended. Trepadone is a medical food from [REDACTED], that is a proprietary blend of choline bitartrate, glutamic acid, 5-hydroxytryptophan, and GABA. It is intended to meet the nutritional requirements for use in management of joint disorders associated with pain and inflammation. The request failed to indicate duration, dosage and frequency of medication. The provider failed to indicate the injured worker's outcome of conservative measures to include physical therapy and pain management. As such, the request for Trepadone is not medically necessary.

Nucynta 75mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) & Work Loss Data Institute, Tapentadol (Nucynta).

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

Decision rationale: The request for Nucynta 75 mg # 90 is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity, of pain relief. In addition, the request does not include the frequency or duration of medication. In addition, there lack of evidence of outcome measurements of conservative care such as, physical therapy or home exercise regimen outcome improvements noted for the injured worker. The documentation submitted for review the injured worker was positive for Opioid usage, however long-term goals were not provided. The request submitted given the above, the request for is not supported by the California Medical Treatment Utilization Schedule (MTUS) Guidelines recommendations. As such, the request is not medically necessary.