

Case Number:	CM14-0119553		
Date Assigned:	08/08/2014	Date of Injury:	03/01/2007
Decision Date:	01/08/2015	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/28/2014

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 Internal 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:

Pursuant to the Primary Treating Physician's Progress Report (PR-2) dated June 24, 2014, the IW reports, "The pain just gotten worse". He reports that the leg weakness is worsening by the day. He states he is losing his balance and has almost fallen several time. He is using a cane for ambulation. The IW rates his pain 8/10 with medications, and 10/10 without medications. The IW notes that the medications are working well for him. Objective physical findings revealed urine drug screen results as of June 3, 2014 were positive for Oxycodone, Oxymorphone, and Trazadone. The report indicated inconsistencies. The only other objective findings documented were vital signs, which were WNL. The IW has been diagnosed with lumbar radiculopathy; chronic pain syndrome; postlaminectomy syndrome; chronic pain related insomnia; myofascial syndrome; neuropathic pain; chronic pain related depression; and prescription narcotic dependence. The provider documents that the IW is doing well with his current protocol. There is do documentation of drug efficacy in the medical record. There are no pain assessments noted. The provider is requesting authorization for urine drug screen, Trepadone #120, Theramine #120, Sentra AM #60, OxyContin 80mg, Fluriflex ointment, Trazadone 50mg, and Clonazepam 1mg. According to a progress note dated July 15, 2014, the provider documents that he is going to discontinue Theramine and Trepadone because the IW does not feel like the medications are helping him. There is a handwritten prescription in the medical record dated December 10, 2013 for Clonazepam and Trazadone, which suggest that the IW has been taking these medications for an extended period of time. Documentation indicated that the IW was prescribed Oxycodone May 1, 2014. Prior to the Oxycodone, the IW was taking Dilaudid for pain. The Dilaudid was discontinued on May 15, 2014. According to the UDS dated July 22, 2014, the Dilaudid continued to be detected and contributed to the inconsistent result.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen (Retro): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter, Urine Drug Testing

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Urine Drug Screen

Decision rationale: Pursuant to the Official Disability Guidelines, urine drug screen (retrospective) is not medically necessary. Urine drug screening is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug screens is guided by whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. In this case, the injured worker sustained an injury in March 1, 2007. The working diagnoses were chronic back syndrome, myofascial pain syndrome and depression. The injured worker is taking analgesics, dietary supplements, and status post lumbar laminectomy. There is no documentation in the medical records indicating whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. Additionally, there is no clinical indication for the repeat urine drug screen documented in medical record. The urine drug screen was ordered to assess medication compliance and identify possible drug diversion. A urine drug screen was performed in June 2014 (one month earlier), however the treating physician did not discuss the findings (inconsistent results present). There is no clinical indication based on the UDS findings to repeat drug screen one month later. The injured worker does take OxyContin (opiate). Consequently, absent the appropriate clinical documentation, urine drug screening (retrospective) not medically necessary.

Trepadone two (2) tablets by mouth (PO) twice a day (BID) #120: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: Pursuant to the Official Disability Guidelines, Trepadone two tablets by mouth twice a day #120 is not medically necessary. Medical foods are not recommended for chronic pain. Medical foods are not recommended for treatment of chronic pain as they have not been shown to produce meaningful benefits for improvements and functional outcomes. In this case, the injured worker was receiving Trepadone (a food supplement) for joint health. There is

no documentation or clinical rationale in the medical record to support the continued use of Trepadone. Consequently, Trepadone is not medically necessary.

Theramine two (2) tablets by mouth (PO) twice a day (BID) #120: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: Pursuant to the Official Disability Guidelines, Theramine two tablets PO BID #120 is not medically necessary. Medical foods are not recommended for chronic pain. Medical foods are not recommended for treatment of chronic pain as they have not been shown to produce meaningful benefits for improvements and functional outcomes. In this case, the injured worker was receiving Theramine (a food supplement). There is no documentation or clinical rationale the medical record to support the continued use of Theramine. Consequently, Theramine 2 tablets po BID #120 is not medically necessary.

Sentra AM two (2) tablets by mouth (PO) every a.m. #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: Pursuant to the Official Disability Guidelines, Sentra a.m. two tablets PO every morning #60 is not medically necessary. Medical foods are not recommended for chronic pain. Medical foods are not recommended for treatment of chronic pain as they have not been shown to produce meaningful benefits for improvements and functional outcomes. In this case, the injured worker was receiving Sentra AM (a food supplement). There is no documentation or clinical rationale the medical record to support the continued use of Sentra AM. Consequently, Sentra AM two tablets PO every morning #60 is not medically necessary.

Oxycontin 80mg one (1) tablet by mouth (PO) every eight (8) hours #90: Upheld

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

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

Decision rationale: Pursuant To The Chronic Pain Medical Treatment Guidelines And The Official Disability Guidelines, Oxycontin 80 mg one tablet PO Q8H #90 is not medically

necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Detailed pain assessments should accompany ongoing, chronic opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function or improved quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker sustained an injury on March 1, 2007. The working diagnosis of chronic pain syndrome, myofascial pain syndrome and depression, lumbar laminectomy. The injured worker has been taking opiates for several years. A progress note dated December 2013 indicates the injured worker was taking Opana, morphine sulfate and Valium. In a May 1, 2014 progress note the injured worker is taking OxyContin 80 mg one tablet PO Q8h (in addition to Dilaudid?-in UDS). The medical record does not contain evidence of objective functional improvement and the injured worker continues to have subjective pain despite its ongoing use. Additionally, a urine drug screen was performed in June 2014 that showed multiple inconsistencies. There was no discussion in the medical record as to what those inconsistencies represented nor was there a plan to address those inconsistencies. Consequently, OxyContin 80 mg one tablet PO Q 8H #90 is not medically necessary.

Fluriflex ointment QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics/muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Topical analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Fluriflex ointment #1 is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. There are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants failed. Any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Cyclobenzaprine topical is not recommended. Flurbiprophen is not FDA approved. In this case, the treating physician requested Fluriflex ointment. Cyclobenzaprine topical is not recommended. Any compounded product that contains at least one drug (cyclobenzaprine topical) that is not recommended, is not recommended. Consequently, Fluriflex ointment is not medically necessary.

Trazadone 50mg one (1) to two (2) tablets by mouth (PO) every hour of sleep (QHS) #60: Upheld

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

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

Decision rationale: Pursuant to the Official Disability Guidelines, Trazodone 50 mg 1 to 2 tablets PO Q HS #60 is not medically necessary. Trazodone, an atypical antidepressant, is similar to tri-cyclic antidepressants. It is recommended as a first line option for neuropathic pain and possibly for non-neuropathic pain. In this case, the injured worker has been taking trazodone since December 10, 2013. The documentation does not support objective functional improvement. The progress note from July 2014 does not contain an entry as to the drug efficacy of trazodone. Consequently, ongoing use of trazodone in the absence of supporting documentation is not clinically indicated. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Trazodone 50 mg 1 to 2 tablets PO Q HS #60 is not medically necessary.

Clonazepam 1mg one (1) tablet every eight (8) hours as needed (PRN) #90: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Benzodiazepines

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Clonazepam 1 mg one tablet, Q8 hours PRN #90 is not medically necessary. Benzodiazepines are not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Chronic benzodiazepine for the treatment of choice in very few conditions. In this case, the injured worker is taking clonazepam as far back as December 10, 2013. Benzodiazepines are not recommended for long-term use (longer than two weeks). The treating physician has exceeded the ODG recommendations and the medical record does not contain compelling clinical evidence to support its ongoing use. Consequently, clonazepam 1 mg Q8 hours PRN #90 is not medically necessary.