

Case Number:	CM14-0126939		
Date Assigned:	08/13/2014	Date of Injury:	09/23/1997
Decision Date:	07/03/2015	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/11/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 67-year-old who has filed a claim for chronic neck and low back pain with derivative complaints of depression, anxiety, and insomnia reportedly associated with an industrial injury of September 23, 1997. In a Utilization Review report dated August 7, 2014, the claims administrator failed to approve requests for Idrasil, a urine drug screen, Subutex, and Xanax. The claims administrator referenced a RFA form received on July 24, 2014 and associated progress note of the same date in its determination. The applicant's attorney subsequently appealed. On April 29, 2014, the applicant reported ongoing complaints of neck and low back pain with derivative complaints of depression and anxiety. The applicant also had superimposed complaints of myofascial pain syndrome, it was reported. Prevacid, Xanax, Fioricet, Voltaren, Skelaxin, and Subutex were renewed and/or continued. The applicant was asked to discontinue Idrasil, tramadol, and Flexeril. It was not stated why Subutex was sought. Urine drug testing was proposed. The applicant was not working, it was acknowledged. Overall commentary was somewhat sparse. On June 13, 2014, Voltaren, Subutex, Fioricet, Xanax, Prevacid, Skelaxin, GABAdone, FluriFlex, and a vitamin B12 shot were endorsed. The applicant was again described as not working. 6-7/10 pain complaints with medications were reported versus 9/10 without medications. The applicant reported difficulty sleeping. The attending provider failed to outline any improvements in function effected as a result of ongoing medication consumption. On July 24, 2014, the applicant was asked to resume Idrasil. Gabapentin, Ambien, Skelaxin, Prevacid, Xanax, Fioricet, and Voltaren were renewed and/or continued. The attending provider suggested (but did not clearly state) the applicant was using

Subutex for chronic pain purposes. 7/10 pain with medications was reported versus 8/10 pain without medications. Multifocal complaints of shoulder, upper back, low back, and bilateral foot pain was reported. Drug testing of July 24, 2014 did include confirmatory and quantitative testing of multiple different opioid, benzodiazepine, and barbiturate metabolites.

IMR ISSUES, DECISIONS AND RATIONALES

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

Idrasil 25mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cannabinoids Page(s): 28. Decision based on Non-MTUS Citation idrasilrx.com.

Decision rationale: No, the request for Idrasil was not medically necessary, medically appropriate, or indicated here. Idrasil, per the product description, represents a medical marijuana pill. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines notes that cannabinoids such as Idrasil are not recommended, in part, owing to the restricted legal access of Schedule I drugs such as marijuana. Therefore, the request was not medically necessary.

1 Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing.

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

Decision rationale: Similarly, the request for a urine drug screen was likewise not medically necessary, medically appropriate, or indicated here. 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. ODG's chronic pain chapter urine drug testing topic, however, stipulates that an attending provider attach an applicant's complete medication list to the request for authorization for testing, eschew confirmatory and/or quantitative testing outside of the emergency department drug overdose context, identify when an applicant was last tested, clearly state which drug tests and/or drug panels he intended to test for, and attempt to conform to the best practices of United States Department of Transportation (DOT) when performing drug testing. Here, however, the attending provider did apparently perform confirmatory and/or quantitative testing, despite the unfavorable ODG position on the same. While the attending provider did identify some of the medications which the applicant was taking, the attending provider did not attach the applicant's complete medication list to the request for testing. Drug testing of July 24, 2014 did include non-standard confirmatory and quantitative testing of multiple different opioid, benzodiazepine, and barbiturate metabolites. It was not clearly stated

when the applicant was last tested. Since multiple ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.

Subutex 2mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Treatment of opiate agonist dependence (FDA Approved indication includes sublingual Subutex and Suboxone) Page(s): 27.

Decision rationale: Similarly, the request for Subutex (buprenorphine) was likewise not medically necessary, medically appropriate, or indicated here. While page 27 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Subutex is recommended in the treatment of opioid agonist dependence, here, however, the attending provider's documentation on various dates, including on July 24, 2014, did not make it readily apparent for what purpose Subutex had been employed or selected. The attending provider did not explicitly state that Subutex had been employed for the opioid agonist dependence purposes for which it is recommended, per page 27 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Xanax 1mg, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: Finally, the request for Xanax, a benzodiazepine anxiolytic, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Xanax may be employed for brief periods, in cases of overwhelming symptoms, here, however, the 90-tablet supply of Xanax at issue represents thrice daily usage of the same, for chronic and/or long-term use purposes, for anxiolytic effect. This is not, however, an ACOEM-endorsed role for the same. Therefore, the renewal request for Xanax 90 tablets was not medically necessary.