MAXIMUS Federal Services

Case Number:	CM14-0185255		
Date Assigned:	12/15/2014	Date of Injury:	01/23/1998
Decision Date:	01/15/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/06/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 69 year old male who was injured on 1/23/1998. He was diagnosed with lumbago, lumbar strain/strain, lumbosacral radiculopathy, and lumbar facet syndrome. He was treated with medications (including muscle relaxants, opioids, antidepressants, and NSAIDs), epidural injections, marijuana, and aqua therapy. On 10/8/2014, the worker was seen by his primary treating physician reporting his ongoing low back pain, rated 5/10 on the pain scale, and intermittent bilateral lower extremity pain and numbness and tingling. He reported taking Relafen, Fexmid, trazodone, and Wellbutrin. He had been using Norco, but it had been denied. He reported that when he was taking the Norco, his pain was better controlled. Physical examination findings included normal sensation, strength, and reflexes of the lower extremities, tenderness to the lumbar paraspinal muscles and along spinous processes. He was then recommended to continue his medications including restarting Norco and recommended he have EMG/NCS testing to rule out radiculopathy. A request was then made for urine drug testing and CBC/CMP/testosterone testing as well as his medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, he had been using Fexmid chronically for his low back pain, which is not a recommended use for this medication. There also, was no evidence to suggest he was having an acute flare-up which might have helped justify at least a short course of a muscle relaxant. However, the intention for refilling this medication was for chronic use, and therefore, it will be considered medically unnecessary to continue as such.

Norco 10/325 mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen (Anexsia, Co-Gesic, Hycet, Lorcet, Lorta.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was insufficient evidence to show this complete review was being performed leading up to this request. In particular, there was missing in the documentation a quantitative and measurable improvement in the worker's overall function and pain reduction in order to show long-term benefit from its previous use. Without this documented evidence, the Norco cannot be considered medically necessary to restart.

Complete metabolic panel, CBC, testosterone (free and total): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone replacement for hypogonadism (related to opioids).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Acetaminophen Page(s): 70, 12.

Decision rationale: The MTUS Chronic Pain Treatment Guidelines state that when prescribing NSAIDs, the recommendation is to measure liver enzymes as well as CBC and chemistry profile (including renal function testing) within 4-8 weeks after starting therapy. Interval and routine testing following this initial series has not been established. With acetaminophen use, it is reasonable to consider testing for liver enzymes and/or renal function testing performed within a few weeks of starting therapy when using moderate to high doses of acetaminophen or in all patients (any dose) with a history of alcohol use (for liver enzymes) or with renal insufficiency (for renal function testing) if taking it for longer than 5 days or so due to its potential for hepatotoxicity and renal toxicity. The MTUS Chronic Pain Treatment Guidelines also state that routine testing for testosterone levels in men taking opioids is not recommended. However, an endocrine evaluation and/or testosterone levels may be considered in men who are taking long term, high dose oral opioids or intrathecal opioids and who exhibit symptoms or signs of hypogonadism, such as gynecomastia. In the case of this worker, there was evidence of use of NSAIDs and acetaminophen going back many years before this request, although no laboratory results from previous testing was available for review. This request appears to be a routine testing which is not justified as there was no evidence for any change in medication which might have warranted the routine checking of CBC or CMP panels, and no evidence of low testosterone symptoms from opioid use. Therefore, the CBC, CMP, and testosterone testing does not seem to be warranted and are not medically necessary.

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Opioids Page(s): 43,77,78,86.

Decision rationale: The MTUS Chronic Pain Guidelines state that urine drug screening tests may be used to assess for the use or the presence of illegal drugs. Drug screens, according to the MTUS, are appropriate when initiating opioids for the first time, and afterwards periodically in patients with issues of abuse, addiction, or poor pain control. The MTUS lists behaviors and factors that could be used as indicators for drug testing, and they include: multiple unsanctioned escalations in dose, lost or stolen medication, frequent visits to the pain center or emergency room, family members expressing concern about the patient's use of opioids, excessive numbers of calls to the clinic, family history of substance abuse, past problems with drugs and alcohol, history of legal problems, higher required dose of opioids for pain, dependence on cigarettes, psychiatric treatment history, multiple car accidents, and reporting fewer adverse symptoms from opioids. In the case of this worker, there was insufficient evidence to suggest he was abusing his medication or exhibiting any abnormal behavior which might have justified getting a drug screen. Also, the worker reported not taking Norco due to it being denied. Therefore, the drug screen is not medically necessary.