

Case Number:	CM15-0006680		
Date Assigned:	02/20/2015	Date of Injury:	04/29/2002
Decision Date:	04/09/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/12/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 47 year old male, who sustained an industrial injury on April 29, 2002. He has reported lower back pain, hip and pelvis pain, mid back pain, neck pain and left shoulder and knee pain. The diagnoses have included left knee medial collateral tear with possible medial meniscus tear, lumbosacral sprain/strain, thoracic segmental/somatic dysfunction and cervical brachial radicular pain. Treatment to date has included radiographic imaging, diagnostic studies, conservative therapies and treatment modalities, pain medications and work restrictions. Currently, the IW complains of lower back pain, hip and pelvis pain, mid back pain, neck pain and left shoulder and knee pain. The injured worker reported an industrial injury in 2002, resulting in the above described pain. He reported becoming pinned between a flatbed trailer and a loaded forklift. He felt immediate pain in the left lower extremity and was taken by ambulance to the emergency department. X-rays revealed no fracture. Eventually after conservative therapies, the pain continued and was noted in multiple areas. Evaluation on February 23, 2004, revealed anger, anxiety, depression and suspicious thought patterns. He was noted to be contemplating suicide secondary to the severe, chronic pain. Sexual dysfunction secondary to pain was noted. On August 14, 2014, evaluation revealed progressive chronic pain, now including more body parts with a psychological overlay. The pain was noted to continue. On January 7, 2015, Utilization Review non-certified a request for a CBC including Diff/Plt, Celebrex 200mg #30 with 3 refills, Chem 9, EIA9 w/alcohol + rflx urine, methadone hcl 10mg #120, methadone quant GCMS, serum, Prilosec 20mg #30 with 1 refill and a complete urinalysis

noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On January 12, 2015, the injured worker submitted an application for IMR for review of the above requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

CBC (includes Diff/Pit): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 21-42, 331, Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: MTUS references complete blood count (CBC) in the context of NSAID adverse effective monitoring, "Routine Suggested Monitoring: Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established." ACOEM references CBC in the context of evaluation for septic arthritis. Additionally, ACOEM states "The examining physician should use some judgment about what should or should not be done. Most examinations will need to focus on the presenting complaint. From the items presented, the physician should select what needs to be done." The medical records do not indicate what interval symptomatic changes, physical findings, or medication changes have occurred to necessitate a CBC. The patient is not currently on any NSAIDs. As such, the request for CBC (includes Diff/Plt) is not medically necessary.

EIA9 w/alcohol + rflx urine: 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) Urine Drug Testing (UDT).

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

Decision rationale: The MTUS and ODG are silent on EIA9 w/Alcohol + rflx urine with is a test to measure ethanol content. The ODG does discuss ethanol testing in the urine. It does not recommend urine drug testing for ethanol since, "Testing for ethanol use: In addition to detecting ethanol in urine following acute exposure, there is a test for more remote exposure, ethyl glucuronide (EtG). This metabolite can persist for up to 80 hours in the urine. Ethanol is found in many products, including some over-the-counter antitussives and many hand sanitizers, so a 'false' positive test may occur without alcoholic beverage consumption. An approximate range to use as a 'positive' for alcohol beverage use is greater than 1500 ng/mL. The test is not

recommended to determine total abstinence."In this case, there is no documentation of ethanol use or abuse. The medical records fail to provide a rationale as to why this testing is indicated. As such, the request for, EIA9 w/Alcohol + rflx urine is not medically necessary.

Methadone quant, GCMS, Serum: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Center for Substance Abuse Treatment. Medication-Assisted Treatment for Opioid Addiction in Opioid Treatment Programs. Rockville (MD):Substance Abuse and Mental Health Services Administration (US); 2005. (Treatment improvement Protocol (TIP)Series, No. 43) Chapter 9. Drug Testing as a Tool.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Methadone.

Decision rationale: The ODG does state that about methadone, "Pharmacokinetics and pharmacodynamics: Increased morbidity and mortality appears, in part, secondary to the long and variable half-life of the drug (8-59 hours; up to 110 hours in patients with cancer). Pain relief on the other hand only lasts from 4-8 hours. It may take several days to weeks to obtain adequate pain control. Genetic differences appear to influence how an individual will respond to this medication. Following oral administration, significantly different blood concentrations may be obtained. Vigilance is suggested in treatment initiation, conversion from another opioid to methadone, and when titrating the methadone dose. Frequent or large dose changes are generally not necessary after initial titration. If analgesia is lost this may reflect the addition of a medication that affects metabolism. (Weschules 2008) (Fredheim 2008)" The ODG recommends close monitoring when initiating and titrating methadone doses, but does not recommend serum or urine testing due to the complexity of its pharmacodynamics. The medical records fail to describe why a serum level is necessary at this time. As such, the request for Methadone quantity, GCMS, Serum is not medically necessary.

Urinalysis, complete: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Merck Manual Online.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, Opioids Page(s): 43, 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Urine drug testing (UDT).

Decision rationale: MTUS states that use of urine drug screening for illegal drugs should be considered before therapeutic trial of opioids are initiated. Additionally, "Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion)." Would indicate need for urine drug screening. ODG further clarifies frequency of urine drug screening:- 'low risk' of addiction/aberrant behavior should be tested within six months of initiation of

therapy and on a yearly basis thereafter. -'moderate risk' for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. -'high risk' of adverse outcomes may require testing as often as once per month. There is insufficient documentation provided to suggest issues of abuse, misuse, or addiction. The patient is classified as low risk. Furthermore, there is no medical indication provided necessitating a urinalysis. As such, the current request for urinalysis complete is not medically necessary.

Prilosec 20 mg # 30 with one refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: MTUS states "Determine if the patient 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 (e.g., NSAID + low-dose ASA)." And "Patients at intermediate risk for gastrointestinal events and no cardiovascular disease : (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44)." The medical documents provided do not establish the patient has having documented GI bleeding/perforation/peptic ulcer or other GI risk factors as outlined in MTUS. Additionally, there is no evidence provided to indicate the patient suffers from dyspepsia because of the present medication regimen. As such, the request for Prilosec 20 mg #30 with one refill is not medically necessary.

Methadone HCL 10 mg # 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 61-62, 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Page(s): 74-96.

Decision rationale: MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include the following: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, pain relief, or increased level of function (patient is not

working or performing any function outside of the home). MTUS further recommends opioid dosing not to exceed 120mg oral morphine equivalent per day cumulatively for all different opioids used. As such, the request for Methadone HCL 10mg #120 is not medically necessary.

Celebrex 200 mg # 30 with four refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Celebrex, NSAIDs Page(s): 22, 30, 70. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Anti-inflammatory medications are the traditional first line treatment for pain, but COX-2 inhibitors (Celebrex) should be considered if the patient has risk of GI complications, according to MTUS. The medical documentation provided does not indicate a reason for the patient to be considered high risk for GI complications. Risk factors for GI bleeding according to ODG include: (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 or multiple NSAID (e.g., NSAID + low-dose ASA). The medical records do not indicate that he is undergoing treatment for any of the FDA approved uses such as osteoarthritis, rheumatoid arthritis, juvenile rheumatoid arthritis in patients 2 years and older, ankylosing spondylitis, acute pain, and primary dysmenorrhea. As such, the request for Celebrex 200 mg #30 with four refills is not medically necessary.