

Case Number:	CM15-0007746		
Date Assigned:	01/26/2015	Date of Injury:	08/23/2000
Decision Date:	03/20/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/13/2015

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: Texas, Ohio, 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 [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with industrial injury of August 23, 2000. In a Utilization Review Report dated of December 23, 2014, the claims administrator failed to approve a request for urine drug testing, cyclobenzaprine, fenoprofen, Prilosec, Ultram, Norco, and a topical compounded agent. The claims administrator referenced a December 6, 2014 progress note in its determination, although this progress note was not described or characterized. The claims administrator suggested that the applicant was 55 years old as of the date of the report. The applicant's attorney subsequently appealed. On said December 6, 2014 progress note, the applicant reported persistent complaints of low back pain radiating to the bilateral lower extremities. Ancillary complaints of hand, wrist, and digital pain were noted, exacerbated with gripping and grasping. Hyposensorium was noted about the hands. The applicant was asked to continue topical compounded medication. The applicant was asked to continue fenoprofen, Flexeril, Prilosec, tramadol, and the topical compounded medication while remaining off of work, on total temporary disability. The attending provider stated that Prilosec was being employed prophylactically, as opposed to for actual symptoms of dyspepsia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology testing: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation ODG Chronic Pain Chapter, Urine Drug Testing, topic.

Decision rationale: No, the request for urine toxicology testing was 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 established specific parameters or identify a frequency with which to perform drug testing. ODGs Chronic Pain Chapter Urine Drug Testing topic, however, stipulates that an attending provider should attach an applicant's complete medication list to the request for authorization for testing, attempt to conform to the best practices of the United States Department of Transportation (DOT) when performing testing, eschew confirmatory and/or quantitative testing outside of the Emergency Department Drug Overdose context, and attempt to categorize the applicants into higher or lower risk categories for which more or less frequent testing will be indicated. Here, however, the attending provider did not state when the applicant was last tested. The applicant's complete medication list was not attached to the request for authorization for testing. The attending provider did not signal its intention to eschew confirmatory and/or quantitative testing, nor did the attending provider signal its intention to conform to the best practice of the United States Department of Transportation when performing testing. Since several ODG criteria for pursuit of testing were not met, the request was not medically necessary.

Fexmid (Cyclobenzaprine) 7.5mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

Decision rationale: Similarly, the request for Fexmid (cyclobenzaprine) was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the additional of cyclobenzaprine or Fexmid to the other agents is not recommended. Here, the applicant was/is using a variety of other agents, including Nalfon, tramadol, topical compounds, etc. It is further noted that the 120-tablet supply of cyclobenzaprine at issue represents treatment in excess of the "short course of therapy" for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Nalfon (Fenoprofen) 400mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications Functional Restoration Approach to Chronic Pain Management Page(s).

Decision rationale: The request for Nalfon (fenoprofen) was likewise not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Nalfon (fenoprofen) do represent the traditional first line of treatment for various chronic pain conditions, including the chronic pain syndrome reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, the applicant was placed off of work, on total temporary disability, via a December 6, 2014 progress note. Said December 6, 2014 progress note did not clearly establish the presence of medication efficacy but, rather, suggested that the applicant was having persistent complaints of pain aggravated by activities of daily living as basic as twisting, bending, gripping, and grasping. All of the foregoing, coupled with the applicant's continued dependence on opioid agents such as Norco and tramadol, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Nalfon (fenoprofen). Therefore, the request was not medically necessary.

Prilosec (Omeprazole) 20mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, and Cardiovascular Risk Page(s): 68.

Decision rationale: Similarly the request for Prilosec (omeprazole) was likewise not medically necessary, medically appropriate, or indicated here. The attending provider indicated in her December 6, 2014 progress note that omeprazole was being employed for gastric protective effect as opposed to for actual symptoms of dyspepsia. However, the applicant does not seemingly meet criteria set forth on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines for prophylactic usage of proton pump inhibitors. Specifically, the applicant is not using multiple NSAIDs concurrently, the applicant is not using NSAIDs in conjunction with corticosteroids, the applicant does not have a history of prior peptic ulcer disease and/or GI bleeding, and the applicant is not greater than 65 years of age (age 55 as of the date of the utilization review report). Prophylactic usage of Prilosec, thus, was not indicated in the clinical context present here. Therefore, the request was not medically necessary.

Cyclobenzaprine 10%/Tramadol 10% topical cream 15gm and 60gm: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Finally, the cyclobenzaprine-tramadol topical compounded cream was not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Medical Treatment Guidelines, muscle relaxants such as cyclobenzaprine are not recommended for topical compound formulation purposes. Since one more or ingredients in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.