

Case Number:	CM15-0008124		
Date Assigned:	01/26/2015	Date of Injury:	10/17/2002
Decision Date:	03/17/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/14/2015

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 neck and shoulder pain reportedly associated with industrial injury of October 7, 2002. In a Utilization Review Report dated December 26, 2014, the claims administrator failed to approve a request for a urine drug screen, Nucynta, Dilaudid, Cymbalta, Soma, and diazepam, all of which were prescribed, dispensed, and performed on November 17, 2014. A December 16, 2014 progress note was referenced in the report rationale. The applicant's attorney subsequently appealed. On August 20, 2014, the applicant reported 8/10 neck and low back pain with attendant complaints of sleep disorder. The attending provider stated that the applicant's medications were providing 75% pain relief. The applicant was reportedly using Celebrex, Cymbalta, diazepam, omeprazole, and Soma. It was acknowledged that the applicant did have ancillary complaints of GI irritation. The attending provider stated that the applicant was also using Dilaudid and/or Nucynta extended release. Trigger point injections were sought. The applicant's work status was not detailed. On October 20, 2014, the applicant reported multifocal complaints of neck and shoulder pain. The applicant was reportedly still smoking, using marijuana infrequently and drinking periodically, it was stated. The applicant was deemed "disabled," it was stated. The applicant was using Nucynta, Dilaudid, Celebrex, Cymbalta, Valium, and omeprazole. It was stated that Valium was being employed as a muscle relaxant.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient retrospective request for urine drug screen (DOS: 11/17/14): Upheld

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

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

Decision rationale: No, the request for an outpatient drug screen on November 17, 2014 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 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, attempt to categorize the applicants in a higher- or lower-risk categories for which more or less frequent drug testing would be indicated, and clearly state which drug tests and/or drug panels he intends to test for. Here, however, the attending provider did not clearly state which drug testing and/or drug panel he intends to test for. The attending provider did not state when the applicant was last tested. The attending provider did not signal his intention to conform to the best practices of the United States Department of Transportation (DOT) when performing testing nor the attending provider signal his intention to eschew confirmatory and/or quantitative testing here. Since several ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.

Pharmacy purchase of Nucynta ER 150mg QTY: 60: 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), Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Discontinue Opioids topic; When to Continue Opioids topic. Page(s): 79; 80.

Decision rationale: Similarly, the request for Nucynta extended release, a long-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant was/is off of work, despite ongoing usage of Nucynta. The applicant is apparently receiving both Workers Compensation Indemnity and Disability Insurance benefits. While the attending provider recounted some reduction in pain scores reportedly effected as a result of ongoing medication consumption, these are, however, outweighed by the applicant's failure to return to work and the

attending provider's failure to outline any meaningful or material improvements in function effected as a result of ongoing opioid therapy. It is further noted that page 79 of the MTUS Chronic Pain Medical Treatment Guidelines suggest immediate discontinuation of opioids in applicants concurrently using illicit substances. Here, the applicant was/is described at multiple office visits, referenced above, including November 17, 2014, as smoking marijuana infrequently. Discontinuing Nucynta, an opioid agent, thus, appears to be a more appropriate option than continuing the same. Therefore, the request was not medically necessary.

Pharmacy purchase of Soma 350mg QTY: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29.

Decision rationale: Similarly, the request for Soma (carisoprodol) is likewise not medically necessary, medically appropriate, or indicated here. As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of carisoprodol (Soma) to opioid agents is not recommended. Carisoprodol is, furthermore, not recommended for chronic or long-term use purposes. Here, the applicant was concomitantly using a variety of opioid agents, including Nucynta and Dilaudid. Concomitant usage of Soma was not, thus, indicated in the chronic pain context present here. Therefore, the request was not medically necessary.

Pharmacy purchase of Diazepam 5mg QTY: 45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: Finally, the request for diazepam (Valium), a benzodiazepine anxiolytic, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 24 of the MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines such as diazepam (Valium) is not recommended for long-term use purposes, whether employed for sedative effect, hypnotic effect, or the muscle relaxant effect for which diazepam was/is reportedly being employed here, with most guidelines limiting the usage of benzodiazepines at four weeks. Here, the applicant has, at a minimum, been using diazepam for a minimal of several months. Continued usage of the same, thus, runs counter to the philosophy espoused on page 24 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.