

Case Number:	CM15-0143351		
Date Assigned:	08/04/2015	Date of Injury:	05/08/1997
Decision Date:	09/24/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	07/23/2015

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, Illinois

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 injured worker is a 54 year-old female who sustained an industrial injury on 05-08-97. She reported neck and back injury status post motor vehicle accident. Diagnostic testing and treatment to date has included radiographic imaging, cervical spine surgery, drug toxicity evaluation, and medication management. Currently, the injured worker complains of aching, throbbing neck, and back pain. Her pain level is rated as a 7 on a 10 point pain scale without medications, and as a 3 with medications. Diagnoses include intervertebral disc disorder with myelopathy, cervical region; neck pain, insomnia, and chronic pain syndrome. She has reported no side effects of medications or any evidence of substance use disorder. Requested treatments include acetaminophen, hydrocodone and metabolite serum, Wellbutrin 300 mg, Lunesta 3 mg, Lidoderm 5% patch, and hydrocodone-acetaminophen 5-325 mg. The injured worker's status is not addressed. Date of Utilization Review: 07-17-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acetaminophen, Hydrocodone and metabolite serum: 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 <http://www.pathology.leadsth.nhs.uk/pathology/ClinicalInfo/Biochemistry/TherapeuticDrugMonitoring.aspx> <http://www.australianprescriber.com/magazine/31/2/42/4>.

Decision rationale: The injured worker sustained a work related injury on 05-08-97. The medical records provided indicate the diagnosis of intervertebral disc disorder with myelopathy, cervical region; neck pain, insomnia, and chronic pain syndrome. Treatments have included cervical spine surgery, drug toxicity evaluation, and medication management. The medical records provided for review do not indicate a medical necessity for Acetaminophen, Hydrocodone and metabolite serum. The medical records indicate the injured worker is being treated with acetaminophen and opioid combination, and to ensure the injured worker is not at risk of toxicity of these medications, the treating provider has requested for blood levels of these medications. The requested test is not medically necessary because the MTUS uses other methods to assess individuals on opioid treatment rather than employing the use of blood test. This includes the use of drug counts, monitoring the individual to ensure the individual is getting the medication for only one source, interviewing the individual's family members; and by drug testing using urine. Also, the MTUS limits an individual to 120 morphine equivalents of opioids in a day. Although there are situations in which therapeutic blood monitoring is done, it is not routinely done for opioids or acetaminophen except in emergency situation when it is needed for diagnosis and treatment. All the articles reviewed for this topic state that routine monitoring is not advocated for most drugs, and that only clinically meaningful tests should be performed. Based on this the articles referenced above recommend as follows: Therapeutic drug monitoring is recommended for the following classes of drugs and the following situations: Drugs with a narrow therapeutic index (where therapeutic drug levels do not differ greatly from levels associated with serious toxicity) should be monitored. Example: Lithium, phenytoin, digoxin. Patients who have impaired clearance of a drug with a narrow therapeutic index are candidates for drug monitoring. The clearance mechanism of the drug involved must be known. Example: Patients with renal failure have decreased clearance of digoxin and therefore are at a higher risk of toxicity. Drugs whose toxicity is difficult to distinguish from a patient's underlying disease may require monitoring. Example: Theophylline in patients with chronic obstructive pulmonary disease. Drugs whose efficacy is difficult to establish clinically may require monitoring of plasma levels. Example: Phenytoin. Situations in which drug monitoring may not be useful. Therefore, drugs that can be given in extremely high doses before toxicity is apparent are not candidates for monitoring. Example: Penicillin. If there are better means of assessing drug effects, drug level monitoring may not be appropriate. Example: Warfarin is monitored by measuring INR, not by serum levels. Drug level monitoring to assess compliance is unreliable, since poor compliance cannot be distinguished from rapid metabolism without direct inpatient scrutiny of drug administration. Drug toxicity is a clinical diagnosis. Drug concentrations within the usual therapeutic range do not rule out drug toxicity in a given patient. Example: Digoxin, where other physiologic variables (e.g., hypokalemia) affect drug toxicity. Unfortunately, the article that was referenced by the provider was no longer searchable at the time of this report.

Wellbutrin 300mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Bupropion (Wellbutrin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

Decision rationale: The injured worker sustained a work related injury on 05-08-97. The medical records provided indicate the diagnosis of intervertebral disc disorder with myelopathy, cervical region; neck pain, insomnia, and chronic pain syndrome. Treatments have included cervical spine surgery, drug toxicity evaluation, and medication management. The medical records provided for review do indicate a medical necessity for Wellbutrin 300mg. Bupropion (Wellbutrin) is an atypical second-generation non-tricyclic antidepressant that acts as a norepinephrine and dopamine reuptake inhibitor. It is used for treatment of diabetic neuropathy, but off label for treatment of neuropathic pain. It is also used in the treatment of major depression. The Medical records indicate the injured worker suffers from depression, and this was not controlled with Effexor, but has been controlled with Welbutrin.

Lunesta 3mg: 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): Insomnia treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Eszopicolone (Lunesta).

Decision rationale: The injured worker sustained a work related injury on 05-08-97. The medical records provided indicate the diagnosis of intervertebral disc disorder with myelopathy, cervical region; neck pain, insomnia, and chronic pain syndrome. Treatments have included cervical spine surgery, drug toxicity evaluation, and medication management. The medical records provided for review do not indicate a medical necessity for Lunesta 3mg. The medical records indicate the injured worker has been using this sleep medication since 06/11/2014. The MTUS is silent on it, but the Official Disability Guidelines recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase.

Lidoderm 5% patch: Upheld

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

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

Decision rationale: The injured worker sustained a work related injury on 05-08-97. The medical records provided indicate the diagnosis of intervertebral disc disorder with myelopathy, cervical region; neck pain, insomnia, and chronic pain syndrome. Treatments have included cervical spine surgery, drug toxicity evaluation, and medication management. The medical records provided for review do not indicate a medical necessity for Lunesta 3mg. The MTUS states that the only recommended use of this topical analgesic is in the treatment of pos-herpetic neuralgia, it is not recommended for treatment of any other form of neuralgia. The medical records do not indicate the injured worker is being treated for post herpetic neuralgia.

Hydrocodone-Acetaminophen 5/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-88.

Decision rationale: The injured worker sustained a work related injury on 05-08-97. The medical records provided indicate the diagnosis of intervertebral disc disorder with myelopathy, cervical region; neck pain, insomnia, and chronic pain syndrome. Treatments have included cervical spine surgery, drug toxicity evaluation, and medication management. The medical records provided for review do not indicate a medical necessity for Hydrocodone-Acetaminophen 5/325mg. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. The MTUS does not recommend the long term use of opioids in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate she had cervical surgery on 09/29/14; she has been on this medication since 10/2014, but with no overall improvement: she has continued to depend on pain medications the Oswestry disability Index has remained at 33%.