MAXIMUS Federal Services

Case Number:	CM15-0193795		
Date Assigned:	10/07/2015	Date of Injury:	04/16/2009
Decision Date:	11/23/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/02/2015

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, New York, 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 50-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of April 16, 2009. In a Utilization Review report dated September 24, 2015, the claims administrator failed to approve requests for tramadol, Prilosec, and a urine drug screen. The claims administrator referenced an RFA form received on September 16, 2015 in its determination. The applicant's attorney subsequently appealed. On September 10, 2015, the applicant reported ongoing complaints of neck, low back, arm, leg, and foot pain, averaging 7/10. The applicant had apparently received treatment via a functional restoration program after one week, citing heightened pain complaints. The applicant reported steadily worsening pain complaints. The applicant stated that bending, lifting, pushing, pulling, sitting, standing, and walking all remained problematic. Diclofenac, Tramadol, and Prilosec were all endorsed while the applicant's permanent work restrictions were renewed. The applicant was given a rather proscriptive 10-pound lifting limitation. It was not explicitly stated whether the applicant was or was not working with said limitation in place, although this did not appear to be the case. No seeming discussion of medication efficacy transpired. There was no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol (Ultram) 50mg quantity 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: No, the request for tramadol, a synthetic opioid, was 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, however, the applicant's work status was not clearly reported on September 16, 2015 office visit at issue. It did not appear, however, that the applicant was working with a rather proscriptive 10-pound lifting limitation in place. The attending provider failed to outline quantifiable decrements in pain effected as a result of ongoing tramadol usage and, moreover, reported on September 16, 2015 that the applicant was having difficulty performing activities as basic as bending, pushing, shopping, sitting, standing, walking, etc. The applicant's pain complaints were steadily worsened, it was reported on that date, with pain complaints in 7/10 range. All of the foregoing, taken together, strongly suggested that the applicant had in fact failed to meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Therefore, the request is not medically necessary.

Omeprazole 20mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Similarly, the request for omeprazole (Prilosec), a proton pump inhibitor, was likewise not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Prilosec are indicated in the treatment of NSAID-induced dyspepsia, here, however, there is no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone on the September 10, 2015 office visit at issue. Therefore, the request is not medically necessary.

8 panel urine drug screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain(Chronic), Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing (UDT).

Decision rationale: Finally, the request for an 8-panel urine drug testing was likewise not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend drug testing as an option to assess for the presence or absence of illegal drugs 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, clearly state which drug tests and/or drug panels he intends to test for, attempt to conform to the best practices of the [redacted] to perform drug testing, and attempt to categorize the applicants into higher- or lower-risk categories for whom more or less drug testing would be indicated. Here, however, there is no mention of the applicant's being a higher- or lower- risk individual for whom more or less frequent drug testing would have been indicated on the date of the request, September 10, 2015. It was not stated when the applicant was last tested. The attending provider neither signaled his intention to eschew confirmatory or quantitative testing nor signaled his intention to conform to the best practices of the [redacted] when performing drug testing. Since multiple ODG criteria for pursuit of drug testing were not seemingly met, the request was not indicated. Therefore, the request is not medically necessary.