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| Case Number: | CM15-0060229 | | |
| Date Assigned: | 04/17/2015 | Date of Injury: | 05/14/2009 |
| Decision Date: | 07/17/2015 | UR Denial Date: | 03/24/2015 |
| Priority: | Standard | Application Received: | 03/30/2015 |

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: New York

Certification(s)/Specialty: Emergency 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 62 year old male, who sustained an industrial injury on May 14, 2009. He reported upper back, low back, right shoulder and chest pain, anxiety and depression. The injured worker was diagnosed as having displacement of the intervertebral discs, villonodular synovitis of the shoulder region and post-laminectomy pain syndrome. Treatment to date has included surgical intervention of the lumbar spine and right shoulder, conservative care, medications and work restrictions. Currently, the injured worker complains of low back pain radiating to bilateral lower extremities and right shoulder pain. The injured worker reported an industrial injury in 2009, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on May 2, 2014, revealed continued pain as noted. Evaluation on April 14, 2015, revealed continued pain as noted. Medications and a urinary drug screen were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro urine drug screen qty:1.00 (dos 3/17/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, drug screens, steps to avoid misuse/addiction Page(s): 77-80.

Decision rationale: Ca MTUS recommends drug testing as an option to "assess for the use or the presence of illegal drugs." Additional recommendations random drug testing, not at office visits. There are results from one urine drug screen present in the record. The results were outlined, but their relevance to prescribed medications were not discussed in the record. Additionally, the provider documented the urine screen was positive for oxycodone but negative for opiates. The submitted test does not include testing for specific opiates such as oxycodone, but does reveal a negative opiate test. This inconsistency is not understood. The request for a UA drug screen does not specify what specifically is being tested. The specific content of the test should be listed, as many drug tests do not assay the correct drugs. The urine drug screen is not medically necessary based on lack of a clear collection and testing protocol, lack of details regarding the testing content and protocol, and lack of a current opioid therapy program which is in accordance with the MTUS. The request for a urine drug screen is not medically necessary.

Percocet 10/325mg qty:180.00: 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 opioids management Page(s): 77-81.

Decision rationale: CA MTUS, chronic pain guidelines, offer very specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. These recommendations state that the lowest possible dose be used as well as "ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects." It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. The included documentation fails to include the above recommended documentation. In addition, the request does not include dosing frequency or duration. With respect to the toxicology report included in the records from November of 2014, the provider documented the urine screen was positive for oxycodone but negative for opiates. The submitted test does not include testing for specific opiates such as oxycodone, but does reveal a negative opiate test. This inconsistency is not understood. The request for percocet is not medically necessary.

Tramadol 50mg qty:120.00: 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 Opioids for neuropathic pain Page(s): 82-83.

Decision rationale: CA MTUS, chronic pain guidelines, offer very specific guidelines for the ongoing use of opiate pain medication to treat chronic pain. These recommendations state that the lowest possible dose be used as well as "ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects." It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. Tramadol is recommend for the treatment of moderate to severe pain. It is not recommended as a first line agent for treatment. The chart materials do not include a list of all the analgesic medications currently used or the IW response to each medication. There is not discussion of the IW functional status in relation to the different medications. It is unclear how long the IW has been taking Tramadol. The request does not include frequency and dosing. The request for Tramadol is not medically necessary.

Neurontin 600mg qty:120.00: 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 Gabapentin Page(s): 49, 16-21.

Decision rationale: According to CA MTUS, gabapentin is an anti-epilepsy drug which has efficacy for diabetic neuropathy or post-herpetic neuropathy. It has also been considered a first line agent for neuropathic pain. There is not sufficient evidence to recommend the use of these mediations for the treatment of chronic non-specific, non-neuropathic axial pain. Ongoing use of these medications recommends "documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects." The IW does not have diabetic neuropathy or post-herpetic conditions. The documentation reports improvement of pain with the use of medications, but specific responses to individual medications is not noted in the record. Additionally, the request does not include dosing frequency. Without this documentation, the request for gabapentin is not medically necessary in accordance with MTUS guidelines.

Celebrex 200mg qty:30.00: 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 Celebrex, NSAIDS, specific drug lists & adverse effects Page(s): 30, 69-70.

Decision rationale: Per the MTUS for chronic pain guidelines, medications should be trialed one at a time, and there should be functional improvement with each medication. No reports show any specific functional benefit. Systemic toxicity is possible with NSAIDs. The FDA and MTUS recommend monitoring of blood tests and blood pressure. There is no evidence that the

prescribing physician is adequately monitoring for toxicity as recommended by the FDA and MTUS. Celecoxib has an elevated cardiovascular risk profile. The treating physician has not provided the specific indications for this NSAID over those with a better cardiovascular profile. Additionally, the request does not include frequency and dosing. Celebrex is not medically necessary based on the lack of sufficient and specific functional and symptomatic benefit, and prescription not in accordance with the MTUS and the FDA warnings.

Pantoprazole 40mg qty:30.00: 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 & cardiovascular risk Page(s): 68-69.

Decision rationale: According to CA MTUS, gastrointestinal protectant agents are recommended for patients that are at increased risk for gastrointestinal events. These risks include age >65, history of gastrointestinal bleeding or peptic ulcers, concomitant use of NSAIDs and corticosteroids or aspirin, or high dose NSAID use. The chart does document ongoing use of NSAIDS, but does not document any other risk factors. Past medical history does not include any gastrointestinal disorders, there is no history of poor tolerance to NSAIDs documented and there are not abdominal examinations noted in the chart. Additionally, the request does not include dosing and frequency. Pantoprazole is not medically necessary based on the MTUS.