

Case Number:	CM15-0085063		
Date Assigned:	05/07/2015	Date of Injury:	01/08/2000
Decision Date:	07/01/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/04/2015

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 57-year-old who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of January 8, 2010. In a Utilization Review report dated April 23, 2015, the claims administrator failed to approve requests for a urine drug screen, aquatic therapy, Lyrica, and Zofran. The claims administrator referenced a RFA form received on April 20, 2015 and associated progress note of March 24, 2015 in its determination. The applicant's attorney subsequently appealed. On April 30, 2014, the applicant did apparently undergo urine drug testing, which included non-standard drug testing of multiple different opioid and benzodiazepine metabolites. Confirmatory and quantitative testing was apparently performed. On February 24, 2015, the applicant was apparently seen in the office; however, narrative report was not established. The applicant's medications reportedly included Amitiza, Elavil, Anusol, Lipitor, Zithromax, Soma, Keflex, Cipro, Flexeril, Pepcid, fluconazole, Flonase spray, Neurontin, Norco, Dilaudid, losartan, Lyrica, metformin, Medrol, Reglan, Macrobid, Prilosec, Zofran, Pamelor, phenazopyridine, Zocor, Bactrim, and valsartan-hydrochlorothiazide. It was not clear when the applicant's medication list had last been updated. In a separate progress note dated February 24, 2015, the applicant reported ongoing issues with chronic neck pain status post multiple failed cervical spine surgeries. The applicant also had ancillary complaints of wrist, hand, and foot pain. The applicant received multiple trigger point injections in the clinic setting. The attending provider stated that the applicant had previously attended aquatic therapy with alleged benefit. The applicant's gait was not described or characterized. Additional aquatic therapy, massage therapy, cardiology evaluation, spinal cord stimulator trial, and

Lidoderm patches were sought. It was suggested (but not clearly stated) that topical Lidoderm patches represented a renewal request. The applicant's disability status remained unchanged, the treating provider reported, suggesting the applicant was not, in fact, working (although this was not explicitly stated). On February 24, 2015, the applicant again underwent drug testing which, once again, included testing for approximately 10 different opioid metabolites and included confirmatory and/or quantitative testing on the same. The applicant also received urine drug testing on January 20, 2015, it was incidentally noted. On March 24, 2015, the applicant reported ongoing complaints of neck, upper back, and right upper extremity pain. The attending provider again alluded to the applicant's having developed side effects with Lyrica in the past; having led to the applicant is discontinuing the same. Additional aquatic therapy was sought. Once again, the applicant's gait was not clearly described or characterized. Lidoderm patches were renewed toward the bottom of the report. Once again, the applicant's disability status was described as unchanged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen DOS: 4/21/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids - urine drug testing Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration Guidelines Pain (Chronic), Urine drug testing (UDT).

Decision rationale: No, the request for urine drug screen on April 21, 2015 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, 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 conform to the best practices of the United States Department of Transportation (DOT) when performing drug testing, and attempt to categorize applicants into higher- or lower-risk categories for whom more or less frequent drug testing would be indicated. Here, the attending provider did not seemingly attach the applicant's complete, updated medication list to the request or authorization for testing. It was not clearly stated why the applicant was receiving such frequent drug testing. The applicant had already received drug testing in both January 2015 and February 2015, as suggested above. It was not clear why repeat drug testing was being sought in April 2015. The attending provider did apparently perform confirmatory and quantitative testing, despite the unfavorable ODG position on the same. Since multiple ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.

Aquatic therapy 2-3x/week for 4-6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

Decision rationale: Similarly, the request for aquatic therapy was likewise not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that aquatic therapy is recommended as an optional form of exercise therapy in applicants in whom reduced weight bearing is desirable, here, however, the applicant's gait was not clearly described or clearly characterized on or around the date of the request, February 24, 2015. It was not clearly stated why aquatic therapy was preferable to land-based therapy at that stage in the claim. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant's work status was not clearly stated on February 24, 2015. The attending provider stated that the applicant's disability status remained unchanged on that date, suggesting that the applicant was not, in fact, working, and, furthermore, suggesting a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier unspecified amounts of aquatic therapy over the course of the claim. Therefore, the request for additional aquatic therapy was not medically necessary.

Lyrica 100mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-epileptic drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

Decision rationale: Similarly, the request for Lyrica, an anticonvulsant adjuvant medication, was likewise not medically necessary, medically appropriate, or indicated here. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and page 47 of ACOEM Practice Guidelines both stipulate that an attending provider should incorporate some discussion of "side effects" into his choice of recommendations. Here, the attending provider reported on February 24, 2015 that the applicant had developed intolerable side effects with Lyrica, resulting in the applicant's previously discontinuing the same. It was not clearly stated or clearly established, thus, why Lyrica was being re-introduced, given the applicant's prior allegations of intolerable adverse effects with the same. Therefore, the request was not medically necessary.

Zofran 8mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7-8. Decision based on Non-MTUS Citation U.S. Food and Drug Administration Ondansetron (marketed as Zofran).

Decision rationale: Finally, the request for Zofran was likewise not medically necessary, medically appropriate, or indicated here. Pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that ondansetron (Zofran) is indicated in the treatment of nausea and/or vomiting associated with surgery, chemotherapy, and/or radiation therapy. Here, however, there was no mention of the applicant's is having had any surgeries, radiation therapy, and/or chemotherapy on or around the date of the request. Usage of Zofran (ondansetron), thus, in effect, represented a non-FDA labeled usage of the same. The attending provider failed to furnish a compelling rationale or medical evidence so as to support such usage in the face of the unfavorable FDA position on the same. Therefore, the request was not medically necessary.