MAXIMUS Federal Services

Case Number:	CM14-0143705		
Date Assigned:	09/12/2014	Date of Injury:	08/25/2001
Decision Date:	10/16/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/04/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 pain, low back pain, and headaches reportedly associated with an industrial injury of August 25, 2001.Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; opioid therapy; muscle relaxants; and unspecified amounts of physical therapy over the course of the claim.In a Utilization Review Report dated August 14, 2014, the claims administrator denied a request for urine drug screen, Tylenol with Codeine, Ambien, Soma, and Vicodin.The applicant's attorney subsequently appealed.In an August 6, 2014 progress note, the applicant reported persistent complaints of low back pain, neck pain, and headaches, ranging from 3-5/10. The applicant was using Tylenol with Codeine, Ambien, Soma, Zantac, Celebrex, and Vicodin, it was stated. The applicant weighed 223 pounds, it was further stated. Multiple medications were renewed. A urine drug test was endorsed. The attending provider complained about the 30-page Utilization Review Report used to deny many of the medications at issue but did not seemingly incorporate much in the way of discussion of medication efficacy into his own note. The attending provider suggested that the applicant was using many of the medications as needed but then went on to furnish the applicant with three refills of Tylenol with Codeine. The applicant was asked to remain permanent and stationary with unchanged permanent work restrictions. The applicant did not appear to be working with said permanent limitations in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation: Urine Drug Testing

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

Decision rationale: 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. As noted in ODG's Chronic Pain Chapter, Urine Dug Testing topic, an attending provider should clearly state when an applicant was last tested and identify those drug tests and/or drug panels which he is testing for. In this case, however, the attending provider did not state when the applicant was last tested. The attending provider did not identify those drug tests and/or drug panels which he intended to test for. Since several ODG criteria for pursuit of drug testing were not seemingly met, the request was not medically necessary.

Tylenol with Codeine #3 300/30mg #100 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Acetaminophen (APAP).

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

Decision rationale: 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 reduced pain achieved as a result of the same. In this case, however, the applicant is off of work. The applicant is not working with permanent work restrictions in place, it has been suggested. The attending provider has failed to outline any quantifiable decrements in pain or material pain improvements in function achieved as a result of ongoing Tylenol No. 3 usage. Therefore, the request is not medically necessary.

Ambien 10mg #30 with 1 refill: 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 Procedure Summary; Zolpidem

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Ambien Medication Guide

Decision rationale: While the MTUS does not specifically address the topic of Ambien usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do 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 Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. In this case, the 30-tablet, one-refill supply proposed, by implication, represents treatment in excess of FDA parameters. No applicant-specific rationale or medical evidence was attached to support such usage in the face of the unfavorable FDA position on the same. Therefore, the request is not medically necessary.

Soma: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Carisoprodol (Soma).

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

Decision rationale: As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol or Soma is not recommended for chronic or long-term use purposes, particularly when employed in conjunction with opioid agents. In this case, the applicant is, in fact, using a variety of opioid agents, including Tylenol No. 3 and Vicodin. Adding carisoprodol or Soma to the mix is not recommended. Therefore, the request is not medically necessary.

Vicodin: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Opioid use for chronic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management topic. Page(s): 78.

Decision rationale: As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be employed to improve pain and function. In this case, the attending provider has failed to outline any rationale for selection and/or ongoing usage of two separate short-acting opioids, namely Tylenol with Codeine and Vicodin. Therefore, the request was not medically necessary.