

Case Number:	CM14-0164364		
Date Assigned:	10/09/2014	Date of Injury:	08/06/1985
Decision Date:	11/13/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	10/06/2014

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 foot and ankle pain reportedly associated with an industrial injury of August 5, 1995. The applicant has been treated with the following: Analgesic medications; opioid therapy; adjuvant medications; topical agents; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated September 4, 2014, the claims administrator denied failed to approve a request for Norco, Prilosec, and a urine drug screen. The urine drug screen represented a retrospective denial, it was incidentally noted. The applicant's attorney subsequently appealed. Urine drug testing of August 14, 2014 was reviewed and did include confirmatory and/or quantitative testing for various compounds, including gabapentin, hydrocodone, norhydrocodone, and hydromorphone. Various and sundry opioid, antidepressant, anxiolytic, and barbiturate metabolites were tested for in a quantitative fashion. In a July 17, 2014 progress note, the applicant reported persistent complaints of left foot and ankle pain status post two subtalar fusion surgeries in 1986. The applicant was on Norco, Neurontin, Elavil, and Voltaren gel, along with Prilosec for GI protection. The applicant was working full time, it was noted. The applicant stated that his pain medications were diminishing his pain complaints from 5% to 70%. The applicant did have comorbidities including hypertension and morbid obesity with a BMI of 38, it was further noted. Multiple medications were renewed, including Norco, Neurontin, and Prilosec. In a progress note of August 14, 2014, the applicant stated that his GI upset had been improved following introduction of Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325mg, 1 five times daily prn for 30 days, dispense 150: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Opiates Page(s): 78.

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

Decision rationale: As noted on page 80 of the 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. In this case, the applicant is reporting appropriate reduction in pain scores in the order of 50% to 70% with ongoing Norco usage. The applicant has returned to and is maintaining successful return to work status at [REDACTED], as it was stated on several occasions, referenced above. Continuing Norco, on balance, is therefore indicated. Accordingly, the request is medically necessary.

Prilosec 20mg DR 1 qd for 30 days, dispense 30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Proton Pump Inhibitor (PPI)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic. Page(s): 69.

Decision rationale: As noted on page 69 of the Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as Prilosec are indicated in the treatment of NSAID-induced dyspepsia. In this case, the applicant apparently has analogous issues with stand-alone dyspepsia and/or opioid-induced dyspepsia, which the attending provider has posited have been attenuated following introduction of Prilosec. Continuing the same, on balance, is therefore indicated. Accordingly, the request is medically necessary.

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 (ODG), Criteria for Use of 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 Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the California Medical

Treatment Utilization Schedule (MTUS) does not establish specific parameters for or identify a frequency with which to perform drug testing. As noted in Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing, an attending provider should clearly state when an applicant was last tested, attach an applicant's complete medication list to the request for authorization for testing, state when an applicant was last tested, attempt to conform to the best practices of the United State Department of Transportation (DOT) when performing drug testing, and eschew confirmatory and/or quantitative testing outside of the emergency department drug overdose context. In this case, the attending provider did go on to perform nonstandard drug testing which did not conform to the best practices of the United States Department of Transportation. Multiple different opioid, benzodiazepine, barbiturate, and anticonvulsant medication metabolites were tested for. Confirmatory and quantitative testings were performed in the clinic setting, despite the unfavorable ODG position on the same. It was not clearly stated when the applicant was last tested. Since several ODG criteria for pursuit of drug testing were not seemingly met, the request was not medically necessary.