

Case Number:	CM14-0176201		
Date Assigned:	10/29/2014	Date of Injury:	05/20/2007
Decision Date:	12/18/2014	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	10/23/2014

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 major depressive disorder, mood disorder, and depression reportedly associated with an industrial injury of May 20, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; sleep aids; adjuvant medications; opioid therapy; psychological counseling; and the apparent imposition of permanent work restrictions. In a Utilization Review Report dated October 20, 2014, the claims administrator conditionally approved a urine toxicology screen as an in-office urine drug screen, partially approved/conditionally approved a request for Nucynta, apparently for weaning purposes, partially approved/conditionally approved Ambien, also for weaning purposes, approved gabapentin, and approved Effexor. The applicant's attorney subsequently appealed. In a November 17, 2014 Medical-legal Evaluation, the applicant presented with issues associated with adjustment disorder and psychosocial stressors generating a Global Assessment of Functioning (GAF) of 70. In a May 23, 2014 psychiatric supplemental report, it was acknowledged that the applicant was off of work and was not working. It was acknowledged that the applicant was receiving both Workers' Compensation indemnity benefits and Social Security Disability Insurance (SSDI) benefits. The applicant was using Ambien, tizanidine, Dulcolax, Talwin, OxyContin, and oxycodone, it was noted. The applicant was using Ambien at a rate of twice daily, it was acknowledged. In an April 13, 2014 emergency department note, the applicant apparently presented to the emergency department with a flare of pain. The applicant was using Neurontin, Robaxin, Ambien, Nucynta, Zanaflex, Effexor, Talwin, and morphine, it was noted. The applicant was given intramuscular morphine and oral Zofran in the ED setting and discharged home on Percocet, tizanidine, and Robaxin. In a progress note dated May 30, 2014, the applicant reported ongoing complaints of low back and bilateral leg pain, 7-9/10. The applicant stated that her medications were helping her to some

extent. The applicant was, at times, using a wheelchair to move about owing to heightened complaints of pain. The applicant stated that she had burning pain about the legs. The applicant was reportedly unemployed at present. The applicant was using Robaxin, Neurontin, Ambien, Nucynta, Zanaflex, and Effexor, it was stipulated. Permanent work restrictions and multiple medications were renewed. A 13-panel urine drug screen performed on May 30, 2014 was negative for all items in the panel. In an October 10, 2014 progress note, the applicant presented with highly variable low back pain, 5-6/10. The applicant did report continued weakness about the left leg. The applicant was using Ambien, Neurontin, Nucynta, Effexor, and Zanaflex. The applicant was permanent and stationary and not working, it was noted. Multiple medications were refilled. The attending provider stated that urine toxicology screen was performed in the clinic and that confirmatory testing was also being performed, despite the fact that the preliminary results were consistent with reported medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Tox Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Urine Drug Screen Testing

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing 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 Drug Testing topic, an attending provider should clearly state what drug tests and/or drug panels he intends to test for, identify when an applicant was last tested, and attach an applicant's complete medication list to the request for authorization for testing. In this case, however, the attending provider did not clearly state when the applicant was last tested. The attending provider did not indicate what drug tests and/or drug panels were being sought. ODG also recommends stratifying applicants into higher or lower-risk categories for which more or less frequent drug testing would be indicated. Here, there was no effort made to stratify the applicant into higher or lower-risk categories. It is further noted that ODG's Drug Testing topic argues against usage of confirmatory and/or quantitative testing outside of the emergency department drug overdose context. Here, the attending provider did go on to perform confirmatory and quantitative testing in the office setting, despite the fact that initial drug testing results in the clinic were compatible with prescribed medications. No rationale for the same was proffered by the attending provider. Since several ODG criteria for pursuit of drug testing were not met, the request is not medically necessary.

Nucynta 75mg tab dispense 90 tablets: 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 When to Continue Opioids 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/or reduced pain achieved as a result of the same. Here, the applicant is off of work. The applicant is receiving both Workers' Compensation indemnity benefits and Social Security Disability Insurance (SSDI) benefits; it has been noted on several occasions, referenced above. The attending provider has failed to outline any quantifiable decrements in pain or meaningful improvements in function achieved as a result of ongoing opioid usage, including ongoing Nucynta usage. Therefore, the request is not medically necessary.

Ambien 10mg tab dispense 30 tablets: 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 Functional Restoration Approach to Chronic Pain Management 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 a responsibility to be well informed regarding usage of the same and should 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, up to 35 days. The applicant has been using Ambien for what appears to be a span of several months. Such usage does not conform to the FDA label. The attending provider did not furnish any compelling applicant-specific evidence or rationale which would offset the unfavorable FDA position on long-term usage of Ambien. Therefore, the request is not medically necessary.