

Case Number:	CM14-0091458		
Date Assigned:	08/06/2014	Date of Injury:	09/23/1997
Decision Date:	10/08/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/17/2014

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:

This case involves a 66 year old female who developed a chronic pain syndrome subsequent to an injury dated 9/23/97. She is described as having neck and low back pain that radiates into the upper and lower extremities. Pain diagrams reveal widespread musculoskeletal pain and a diagnosis of fibromyalgia was given. In 2011 the AME evaluator noted an improvement in mental functioning and pain subsequent to transitioning her to Subutex (Buprenorphine) 2mg daily. The AME evaluator recommended tapering and discontinued use of the Subutex. Over the past 2 years there has been multiple urine drug screens that specifically include screening for Buprenorphine and these have been negative for this drug during the periods it has been prescribed. No explanation was found in the records reviewed and other prescribed drugs were present in the urine drug screens. The drug screening requests are on an every 2-3 month basis.

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 Opioids, steps to avoid misuse/addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine Drug Screening.

Decision rationale: MTUS Guidelines recommend the use of urine drug screens to evaluate for the use of illicit drugs and for the ongoing use of prescribed medications. MTUS Guidelines do not provide details regarding the appropriate frequency of urine drug screens (UDS). The Official Disability Guidelines (ODG) provides additional details on the appropriate frequency of UDS testing and recommends the frequency be based on risk of misuse or abuse. This patient is demonstrated to be at low risk of self-abuse from her ongoing medications. Under these circumstances only annual testing is Guideline recommended. At this time, the request for the repeat urine drug screen is not medically necessary.

Subutex (2mg, #60): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, When to Discontinue Page(s): 79.

Decision rationale: MTUS Guidelines recommend the discontinued use of Opioid medications when there is a persistent discrepancy in the use of the medication. There appears to be several instances with the Subutex was prescribed, but not utilized and there is no documented medical rationale for this. Under these circumstances the Subutex 2mg #60 is not supported by Guidelines therefore, is not medically necessary.

Ambien (10mg, #90): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Insomnia Treatment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Insomnia Treatment

Decision rationale: MTUS Guidelines do not address the issue of the long term use of hypnotic medications for insomnia. Official Disability Guidelines (ODG) addresses this in detail and discourages the regular long term use of hypnotic medications. However, the Guidelines do not recommend abrupt discontinuation when chronic insomnia is present. Guidelines recommend at least 6 weeks of cognitive behavioral therapy (CBT) prior to discontinuation the medications. There is no evidence that this patient has been offered or completed the recommended CBT. Guidelines do not recommend discontinuation under the current circumstances. Therefore, the request is medically necessary.

Topical compound (Flurbiprofen and Flexeril ointment, 240mg): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: MTUS Chronic Pain Guidelines are clear that if an ingredient utilized in a topical analgesic is not Food and Drug Administration (FDA) approved for topical use, that topical agent is not recommended. Topical Flurbiprofen is not FDA approved as a topical non-steroidal anti-inflammatory drug (NSAID). If a topical NSAID was warranted there is no medical reason why an FDA approved product could not be utilized. In addition, MTUS Guidelines specifically state that topical muscle relaxants (Flexeril) are not recommended. The Flurbiprofen/Flexeril ointment is not medically necessary.

Percura (#120): 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 (Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Pain, Medical Foods

Decision rationale: MTUS Guidelines do not address the issue of medical foods. Official Disability Guidelines directly address this issue. Medical foods are not recommended unless there is a diagnosis that is associated with a nutritional deficit that can only be treated with a specific supplement. Percura is a blend of amino acids and this patient has no diagnosed deficit of any specific amino acid. As such, this request is not medically necessary.

Vitamin B12 Injection: 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 (Chronic), Vitamin B12 Injection

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Pain, Vitamin B

Decision rationale: MTUS Guidelines do not address Vitamin B12 in the context of chronic pain. Official Disability Guidelines (ODG), address the class of B vitamins and they are not recommended without known deficits. The American Academy of Family Practice has a position statement which documents the ease of demonstrating a deficit and does not recommend injectable B12 without a known deficit. This patient has not been demonstrated to have a deficit, therefore, this request is not medically necessary.