

Case Number:	CM14-0092496		
Date Assigned:	07/25/2014	Date of Injury:	05/10/2007
Decision Date:	09/15/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/18/2014

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 and Environmental Medicine, and is licensed to practice in West Virginia and Ohio. 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 individual is a 38 year old male who sustained an industrial injury on may 10 2007. Available medical records indicate this incident resulted in lumbar, cervical and thoracic spine injury as well as right arm injury with subsequent development of a chronic regional pain syndrome (CRPS) in the right upper extremity. Per the patient as stated in the provided records though there is pain in the lower back the focus is on the right upper extremity. Additionally this individual has been diagnosed with anxiety, insomnia and neuropathic pain secondary to the injury. He has been on a pain control regimen which includes the use of high dose opioids . despite the use of the opioids the records provided indicate only minor differences in subjective pain perception when they are used as opposed to when they are not (from 10/10 to 9/10). There is included in the records a report from the treating physician that describes activity of daily living scores as being generally poor regardless of the use of opioids. There is some discrepancy regarding this as a second report of ADL scores notes subjective improvement with the opioids as opposed to without. This individual has been prescribed roxicodone and norco for pain. He has been prescribed a pain management/addiction treatment program in order to eliminate narcotic use and he has been previously prescribed the medical foods gabodon, theramine and trepidone. However in the latest physicians note available (6/17/14) the treating physician discontinued the use of the medical foods.

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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and Substance abuse Page(s): 74-96;108-109. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009), pg 32 Established Patients Using a Controlled Substance.

Decision rationale: MTUS states that use of urine drug screening for illegal drugs should be considered before therapeutic trial of opioids are initiated. Additionally, "Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion)." would indicate need for urine drug screening. There is insufficient documentation provided to suggest any of the above issues. University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009 recommends for stable patients without red flags" Twice yearly urine drug screening for all chronic non-malignant pain patients receiving opioids - once during January-June and another July-December". The MTUS likewise suggests a biannual testing scheme. The records indicate a test was done in may of 2014 and again in june of 2014. Per our references additional testing would not be appropriate this calendar year. As such the request for UDS is deemed not medically necessary.

Prospective Request for 1 Prescription of Roxicodone 30mg #120 Between 1/24/14 and 6/28/14 **3: 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 Opioids Page(s): 74-96.

Decision rationale: Chronic pain guidelines and ODG do not recommend opioids "except for short use for severe cases, not to exceed 2 weeks" and "Routine long-term opioid therapy is not recommended, and ODG recommends consideration of a one-month limit on opioids for new chronic non-malignant pain patients in most cases, as there is little research to support use. The research available does not support overall general effectiveness and indicates numerous adverse effects with long-term use. The latter includes the risk of ongoing psychological dependence with difficulty weaning." Medical documents indicate that the patient has been on opioids in excess of the recommended 2-week limit. Additionally, this medication is appropriately dosed q4-6 hours indicating a minimum daily dose of 120 mg of oxycodone which yields a morphine equivalent of 180mg, which is in excess of the recommended 120mg. As such this request for roxicodone is deemed not medically necessary.

**Prospective Request for 1 Prescription of Norco, #180 (if Roxycodone is not Authorized)
Between 1/24/14 and 6/24/14: Upheld**

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids Other Medical Treatment Guideline or Medical Evidence: Patterson, Li, et al; Complex regional pain syndrome of the upper extremity; J hand surg 2011;36a:1553-1562.

Decision rationale: Chronic pain guidelines and ODG do not recommend opioids "except for short use for severe cases, not to exceed 2 weeks" and "Routine long-term opioid therapy is not recommended, and ODG recommends consideration of a one-month limit on opioids for new chronic non-malignant pain patients in most cases, as there is little research to support use. The research available does not support overall general effectiveness and indicates numerous adverse effects with long-term use. The latter includes the risk of ongoing psychological dependence with difficulty weaning." Medical documents indicate that the patient has been on opioids in excess of the recommended 2-week limit. Additionally, as the CRPS is mentioned in the available records the "focus" of the pain management regimen; Patterson, et al state that "opioids have a minimal effect on pain derived from CRPS" noting they were found to be no better than placebo over an 8 day period. As such this request for Norco is deemed not medically necessary.

Prospective Request for 1-request of NESP-R Program Consultation between 1/24/14 and 6/28/14: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (Functional Restoration Programs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Detoxification, Functional restoration programs Page(s): 30-34, 42, 49.

Decision rationale: MTUS states that "Long-term evidence suggests that the benefit of these programs diminishes over time", "Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains." and "Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved." This consultation may be seen as the initiation of a trial of non narcotic pain management and while other modalities beyond narcotics have not been vigorously pursued by the treating physician but to my reading of the MTUS there is no requirement for such. Per the available records this individual has been receiving excessively high doses of opioids with a number of recommendations from reviewers for weaning of these medications. There is some record of attempts to wean that were apparently unsuccessful. This is combined with a situation where the individual seems to be gaining little in pain control or functional improvement from the opioids, possibly due to the fact the evidence indicates they are not an appropriate treatment given the nature of his pain. The MTUS notes that detoxification

may be necessary in the case of "1)intolerable side effects, 2)lack of response, 3)aberrant drug behaviors, 4)refractory comorbid psychiatric illness, or 5)lack of functional improvement." I feel this individual meets at least 2 and possibly 3 of these criteria. As such I feel this is medically necessary and am reversing the earlier decision.

Prospective Request for 1 Prescription of Gabodone, #60 Between 1/24/14 and 6/28/14:
Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC pain.

Decision rationale: The ODG indicates that this is a medical food which is formulated for use involving a specific nutritionally related disease or condition. In this case, the indication is apparently insomnia. However, there is no available documentation concerning this individual's sleep derangement and attempted treatments thereof, aside from a diagnosis list that contains insomnia. Further, in the latest available PR-2 of 7/17/14 the treating physician discontinued the use of this supplement. As such this request is deemed not medically necessary.

Prospective Request for 1 Prescription of Theramine, #120 Between 1/24/14 and 6/25/14:
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 Official Disability Guidelines (ODG) TWC pain.

Decision rationale: The ODG indicates that this is a medical food which is formulated for use involving a specific nutrition related disease or condition. In this case, the indication is for nutritional supplementation related to a chronic pain syndrome. However, there is no available documentation concerning this individual's nutrition deficiencies/needs and attempted treatments thereof. Further, in the latest available PR-2 of 7/17/14 the treating physician discontinued the use of this supplement. As such this request is deemed not medically necessary.

Prospective Request for 1 Prescription of Trepadone, #120 Between 1/24/14 and 6/28/14:
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 Official Disability Guidelines (ODG) TWC pain.

Decision rationale: The ODG indicates that this is a medical food which is formulated for use involving a specific nutritionally related disease or condition. In this case, the indication is for the management of joint disorders associated with inflammation. However, there is no available documentation concerning any inflammatory joint disorders and attempted treatments thereof. Further, in the latest available PR-2 of 7/17/14 the treating physician discontinued the use of this supplement. As such this request is deemed not medically necessary.

Prospective Request for 1 Follow up Visit Between 1/24/14 and 6/28/14: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268.

Decision rationale: The MTUS notes that physician follow up may occur "after appreciable healing or recovery can be expected." Possibly every four to seven days if the patient is off work. Given the complexity of this individual's presentation, the ongoing difficulties with pain management and the potential need for functional restoration/detoxification a medical follow up seems appropriate. As such this request is deemed medically necessary.