

Case Number:	CM14-0210819		
Date Assigned:	01/13/2015	Date of Injury:	11/01/2000
Decision Date:	03/03/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/16/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 patient is a 61 year-old female with a 11/01/2000 date of injury. According to the 10/28/14 pain management report, the patient presents with severe pain, low back to right hip. Her diagnoses are: lumbar radiculopathy; chronic pain syndrome; chronic pain related insomnia; myofascial syndrome; neuropathic pain, prescription narcotic dependence; chronic pain related depression; and tension headaches. On 12/3/14 utilization review denied a urine drug screen due to the frequency of performing the screens on low risk patients. Pristiq was denied because there was no reporting of efficacy. Fluriflex was denied since MTUS does not recommend topical muscle relaxants; Norco was denied because there was no reporting of efficacy. Trepadone was denied as the components of the medical food were not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Urine drug screen: 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 Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Urine drug testing.

Decision rationale: The patient has chronic pain syndrome involving the lower back. She is going through pain management and has been using Norco or Opana for pain control. The physician requests a urine drug screen (UDS) on 10/28/14. On review of the records, it appears that the physician did the UDS on 9/29/14, 9/4/14, 8/22/14, 8/15/14 and prior reports. It appears that this is templated onto all of the physician's PR-2 forms. The actual results of the urine drug screens other than 8/15/14 were not provided for this review. It is not known if the patient actually had the UDS on each visit, several times a month. MTUS Chronic Pain Medical Treatment Guidelines, for Drug Testing, pg. 43 under Drug testing states: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. The issue appears to be the frequency of UDT. MTUS does not specifically discuss the frequency that UDT should be performed. ODG is more specific on the topic and states: "Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no mention of the patient being at high, medium or low risk. ODG guidelines state that for patient's at low risk, testing can be within 6 months of initiation of therapy, then on a yearly basis thereafter. The request for UDT is not in accordance with the frequency listed under ODG guidelines. The request for the 1 Urine drug screen IS NOT medically necessary.

Pristiq 100mg #30: Overturned

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 Antidepressants Page(s): 13-16.

Decision rationale: The patient has chronic pain syndrome involving the lower back. She has chronic pain-related depression. She is going through pain management and has been using Norco or Opana for pain control. She is reported to be using Pristiq 100mg for depression. Pristiq is an SNRI antidepressant. The patient states the denials have been depressing and she needs to see a psychiatrist, but that was denied as well. MTUS Chronic Pain Medical Treatment Guidelines, pg 13-16 for Antidepressants for chronic pain states: Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. The patient is reported to have chronic pain, neuropathic pain and depression, but she was denied psychiatric consult. The psychiatrist may have been able to document psychological efficacy of the medication in more detail. Based on the available information, the request appears to be in accordance with MTUS guidelines. The request for Pristiq 100mg #30 is medically necessary

Fluriflex compounded ointment #240 with 2 refills: 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 Topical Analgesics Page(s): 111-113.

Decision rationale: The patient has chronic pain syndrome involving the lower back. The physician recommended Fluriflex ointment. Fluriflex is a compounded topical reported to contain cyclobenzaprine as one of the components. MTUS chronic pain medical treatment guidelines, pages 111-113, for "Topical Analgesics" states: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Fluriflex is not in accordance with MTUS. MTUS states Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS states baclofen and other muscle relaxants are not recommended as a topical product. The muscle relaxant cyclobenzaprine component of the topical Fluriflex is not recommended, so the Fluriflex is not recommended. The request for Fluriflex compounded ointment #240 with 2 refills IS NOT medically necessary.

Norco 10/325mg #240: 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 CRITERIA FOR USE OF OPIOIDS Page(s): 60-61; 76-78; 88-89.

Decision rationale: The patient has chronic pain syndrome involving the lower back. She is going through pain management and has been using Norco or Opana for pain control. There is no reporting on efficacy of Norco. MTUS Chronic Pain Medical Treatment Guidelines, page 88-89 CRITERIA FOR USE OF OPIOIDS for Long-term Users of Opioids (6-months or more) states: "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS states a "Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life" There is no reporting on efficacy of the medications, the documentation does not support a satisfactory response. There is no mention of improved pain levels, or improved function or improved quality of life with the use of Norco. MTUS does not recommend continuing treatment if there is not a satisfactory response. The request for Norco 10/325mg #240 IS NOT medically necessary.

Trepadone #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

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

Decision rationale: MTUS/ACOEM did not discuss this, but ODG-TWC online, pain chapter for Trepadone states: Not recommended. Trepadone is a medical food that is suggested for use in the management of joint disorders associated with pain and inflammation. It is a proprietary blend of L-arginine, L-glutamine, L-histidine, choline bitartrate, 5-hydroxytryptophan, L-serine, gamma-aminobutyric acid, grape seed extract, cinnamon bark, cocoa, omega-3 fatty acids, histidine, whey protein hydrolysate, glucosamine, chondroitin and cocoa. The use of Trepadone is not in accordance with ODG. The request for for Trepadone #120 IS NOT medically necessary.