

Case Number:	CM14-0212467		
Date Assigned:	01/02/2015	Date of Injury:	05/12/2003
Decision Date:	02/28/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 neck pain, bilateral upper extremity pain, chronic low back pain, myalgias and myositis of various body parts, and gastroesophageal reflux disease reportedly associated with an industrial injury of May 12, 2003. In a Utilization Review Report dated November 20, 2014, the claims administrator partially approved tramadol, denied lidocaine, denied Prilosec, denied a urine drug test, approved vitamin D, and approved Neurontin. The claims administrator referenced a November 30, 2014 progress note in its determination. The applicant's attorney subsequently appealed. On October 7, 2014, the applicant received multilevel lumbar epidural steroid injection. On December 9, 2014, the applicant was given refills of tramadol for low back pain, Restoril for insomnia, and Senna for constipation. Urine drug testing was performed on October 22, 2014, and did include non-standard testing for multiple different opioids, phenothiazine, antidepressant, opioid, and barbiturate metabolites. Confirmatory and quantitative testing were performed. In a progress note dated October 22, 2014, the applicant reported 6/10 pain with medications and 7/10 without medications. Persistent complaints of low back pain radiating to the bilateral lower extremities was appreciated. The applicant did report issues with nausea with tramadol, Neurontin, and gabapentin. The applicant reported limitations in terms of self-care, personal hygiene, activities of daily living, ambulating and hand function. The applicant received recent epidural steroid injection, it was acknowledged. Multiple medications were renewed including Neurontin, Lidoderm, Norco, omeprazole, Senna, tizanidine, tramadol, Zofran, and Restoril. Tegaderm dressing was also endorsed, to reinforce

the applications of Lidoderm patches. The remainder of the file was surveyed. There was no evidence that the applicant carried an established diagnosis of vitamin D deficiency. On May 6, 2014, the applicant again reported difficulty performing activities of daily living, such as self-care, personal hygiene, activities of daily living, ambulating, hand function, and sleeping. The applicant was not working, it was acknowledged. The applicant was given prescriptions for Zofran, Neurontin, Lidoderm, Prilosec, Senna, tizanidine, tramadol, vitamin D, Tegaderm, and Restoril. The October 22, 2014 progress note was notable for comments that the applicant was experiencing symptoms of medication-induced reflux/gastritis. The attending provider did not, however, state whether ongoing usage of omeprazole was attenuating the same, however.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 100mg #30: 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 topic. 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. In this case, the injured worker was/is off of work. While the attending provider did report some reduction in pain scores achieved as a result of ongoing medication consumption; however, this was outweighed by the injured worker's failure to return to work. In addition, the attending provider continued reports of difficulty performing activities of daily living as basic as self-care, personal hygiene, ambulating, etc., despite ongoing tramadol usage. Therefore, this request is not medically necessary.

Vitamin D 2000 units #60: 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 Vitamins section..

Decision rationale: The Third Edition ACOEM Guidelines Chronic Pain Chapter notes that vitamins are not recommended in the treatment of chronic pain documented nutritional deficiency or nutritional deficit state. In this case, there is no evidence that the injured worker carried a diagnosis of clinically-evident, serologically-confirmed vitamin D deficiency, which would have supported provision of vitamin D supplementation. Therefore, the request is not medically necessary.

Urine Drug Screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing topic. Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (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. Official Disability Guidelines (ODG), Chronic Pain Chapter, Urine Drug Testing Topic, stipulates that an attending provider attach an injured worker's complete medication list to the request for authorization for testing; clearly state when an injured worker was last tested; clearly identify which drug tests and/or drug panels he intends to test for; attempt to categorize the injured workers in a higher or lower risk categories for which more or less frequent testing would be indicated; and eschew confirmatory and/or quantitative testing outside of the Emergency Department Overdose Context. However, in this case the attending provider did not state which drug tests or drug panels were being tested for. The attending provider did go on to perform confirmatory and quantitative testing on October 22, 2014; however, no rationale for such testing was provided. The urine drug testing performed by the attending provider, furthermore, included non-standard testing on multiple different opioids, benzodiazepine, barbiturates, and tricyclic antidepressant metabolites. Based on the medical evidence and the Official Disability Guidelines not being met, this request is not medically necessary.

Lidocaine 5% #60: 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 Lidocaine section. Page(s): 112.

Decision rationale: While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated in the treatment of localized peripheral pain/neuropathic pain in injured worker in whom there has been a trial of first line therapy with antidepressants and/or anticonvulsants. In this case, however, the injured worker's ongoing usage of gabapentin and anticonvulsant medication effectively obviated the need for the Lidoderm patches at issue. Therefore, the request is not medically necessary.

Omeprazole 20mg #30: 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 Chronic Pain Medical Treatment Guidelines, NSAIDs, GI Symptoms & Cardiovascular Risk topic and F.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that omeprazole is indicated in the treatment of non-steroidal anti-inflammatory drugs (NSAIDs) -induced dyspepsia or by analogy the gabapentin-induced dyspepsia and/or Norco-induced dyspepsia reportedly present here. This recommendation, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into its choice of recommendations. In this case, the injured worker continues to report issues with chronic, frequent gastritis/reflux. On October 26, 2014, the injured worker continued to report issues with chronic and frequent medication-induced gastritis/reflux. It did not appear that ongoing usage of omeprazole was effective for attenuating the injured worker's symptoms of reflux. Therefore, the request is not medically necessary.