

<b>Case Number:</b>	CM14-0212804		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	03/07/2005
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2014

### 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: New York  
 Certification(s)/Specialty: Emergency 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 injured worker is a 58 year-old male who has reported low back pain after an injury on 3/7/05. The diagnoses have included L1-2 herniated disc, facet arthropathy, spondylosis, radiculopathy, decreased testosterone level and chronic pain syndrome. A history of substance abuse was noted. Treatments to date have included medications that include Cymbalta, Gabapentin, Norco, Baclofen, Butrans patch; injections, and L3-5 medial branch blocks. The periodic treating physician reports are a mix of stereotyped information present in each report with a few new findings. The injured worker is routinely described as being unable to do nearly all activities, including barely having the capacity to get out of bed, without unspecified medications. Unspecified medications reportedly provide substantial pain relief, with fairly minimal functional improvement. No reports address the specific results of using any medication. No reports address work status directly. It is not clear if the injured worker is working. The array of tests and medications requested at most visits is not clearly addressed or defined in the reports. None of the reports address the tachycardia. None of the reports address results of any drug testing. Utilization Review has previously non-certified most of the opioids, noting the lack of compliance with the MTUS recommendations and lack of functional improvement. Suboxone was certified. On 8/28/14 Independent Medical Review upheld Utilization Review decisions to non-certify baclofen, Norco, and Exalgo, Per the PR2 of 7/30/14, there was ongoing low back pain mostly relieved by unspecified medications. The only activities stated to be possible without "medications" are getting dressed, "minimal activities at home", phone, and email. Activities with "medications" are limited hours of "work/volunteer", limited

"social activities". The blood pressure was 96/62 and the pulse was 110. Low back tenderness was present. Pain medications included gabapentin, Butrans, Norco, Cymbalta, and baclofen; these medications were refilled. It was also stated that gabapentin was now started. Butrans was increased, with no explanation. The PR2 of 8/28/14 was very similar, with ongoing tachycardia. Per the PR2 of 9/26/14, the pulse was 118 and the blood pressure was 112/74. There were ongoing low back tenderness and pain. There was no spasm. Medications were gabapentin, Norco, Cymbalta, Suboxone, Butrans, and baclofen. Norco was to be tapered, with no new prescriptions. A functional restoration program was recommended. Per the PR-2 dated 10/24/14, there was worsening low back and leg pain. The current medications included gabapentin, Butrans, Norco, Cymbalta, and Suboxone (per one part of the report); and gabapentin, Norco, Cymbalta, Suboxone, and baclofen (per another part of the report). gabapentin, Norco, Cymbalta, Suboxone, and baclofen The blood pressure was 133/78 and the pulse was 112. Low back tenderness was present. There was no spasm. Gabapentin, Norco, Cymbalta, Suboxone and/or Subutex, and baclofen were refilled. The treatment plan and the Request for Authorization included the items now under Independent Medical Review, plus a functional restoration program referral, stopping Norco, and increasing Subutex. On 12/17/14, Utilization Review non-certified a GGT test, hydrocodone serum test, TSH test, acetaminophen level, buprenorphine serum, EIA9 with alcohol + RFLX urine, Gabapentin 400mg., #90, urine drug screen, buccal drug screen, Norco 10/325mg., #90, Cymbalta 60mg., #60, Buprenorphine-Naloxone 8-2mg., #49 and Baclofen 20mg, #90. Utilization Review partially certified a Chem 19 test. Utilization Review certified a urinalysis complete, Testosterone free - total LC/MS/MS and a CBC. The California MTUS, Chronic Pain Treatment Guidelines, the Official Disability Guidelines, and other guidelines were cited.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **GGT (Gamma-Glutamyl Transpeptidase): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation A Public Resource on Clinical Lab Testing from the Laboratory Professionals Who Do the Testing, <http://labtestsonline.org/understanding/analyes/ggt/tab/test>

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: UpToDate, Enzymatic measures of cholestasis (eg, alkaline phosphatase, 5'-nucleotidase, gamma-glutamyl transpeptidase)

**Decision rationale:** None of the reports address the specific medical necessity for this liver test for this injured worker. It is therefore speculative as to the medical necessity. There are many possible indications for liver testing and it is beyond the scope of this review to discuss all these possibilities. Given that the treating physician has not provided sufficient support for this test, and that the possible indications are so many and varied, the test is not medically necessary based on the current information. One of the many possible guidelines is cited above. The treating physician has not supplied information to support testing based on this sample guideline.

**Hydrocodone and metabolite serum:** 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, drug screens, steps to avoid misuse/addiction; urine drug screen to assess for the use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Urine Drug Testing (UDT) in patient-centered clinical situations, criteria for use Other Medical Treatment Guideline or Medical Evidence: Updated ACOEM Guidelines, 8/14/08, Chronic Pain, Page 138, urine drug screens. United States Department of Transportation, 49 CFR Part 40, Drug and Alcohol Regulations

**Decision rationale:** The treating physician has not addressed the specific indications for serum testing rather than drug, saliva, or hair testing (some of which he has prescribed at the same time). Absent a detailed and specific rationale, there is no indication to perform multiple modalities of drug testing simultaneously. The state of the art in drug testing is primarily urine testing, as is recommended in the cited guidelines, including that of the DOT. Serum testing is not a recommended modality for forensic purposes or work-related drug testing, and is not the recommended modality per usual guidelines. Absent a specific and convincing rationale from the physician, all serum testing is not medically necessary.

**TSH (thyroid stimulating hormone):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation A Public Resource on Clinical Lab Testing From the Laboratory Professionals Who Do The Testing, <http://labtestsonline.org/understanding/analytes/tsh/lab/test>

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: UpToDate, Laboratory assessment of thyroid function

**Decision rationale:** None of the reports address the specific medical necessity for this thyroid test for this injured worker. It is therefore speculative as to the medical necessity. There are many possible indications for thyroid testing and it is beyond the scope of this review to discuss all these possibilities. Given that the treating physician has not provided sufficient support for this test, and that the possible indications are so many and varied, the test is not medically necessary based on the current information. One of the many possible guidelines is cited above. The treating physician has not supplied information to support testing based on this sample guideline.

**Acetaminophen:** 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 acetaminophen toxicity Page(s): 12.

**Decision rationale:** Based on the reports, it appears that this request is for some sort of assay for acetaminophen rather than the medication itself. Presuming this to be the case, none of the reports address the specific medical necessity for this acetaminophen test for this injured worker. It is therefore speculative as to the medical necessity. There are many possible indications for this testing and it is beyond the scope of this review to discuss all these possibilities. Given that the treating physician has not provided sufficient support for this test, and that the possible indications are so many and varied, the test is not medically necessary based on the current information. One of the many possible guidelines is cited above. The treating physician has not supplied information to support testing based on this sample guideline.

**Buprenorphine serum:** 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, drug screens, steps to avoid misuse/addiction; urine drug screen to assess for the use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Urine Drug Testing (UDT) in patient-centered clinical situations, criteria for use Other Medical Treatment Guideline or Medical Evidence: Updated ACOEM Guidelines, 8/14/08, Chronic Pain, Page 138, urine drug screens. United States Department of Transportation, 49 CFR Part 40, Drug and Alcohol Regulations

**Decision rationale:** The treating physician has not addressed the specific indications for serum testing rather than drug, saliva, or hair testing (some of which he has prescribed at the same time). Absent a detailed and specific rationale, there is no indication to perform multiple modalities of drug testing simultaneously. The state of the art in drug testing is primarily urine testing, as is recommended in the cited guidelines, including that of the DOT. Serum testing is not a recommended modality for forensic purposes or work-related drug testing, and is not the recommended modality per usual guidelines. Absent a specific and convincing rationale from the physician, all serum drug testing is not medically necessary.

**EIA9 with alcohol + RFLX urine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.enotes.com/enzyme-immunoassay-reference/enzyme-immunoassay>

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, drug screens, steps to avoid misuse/addiction; urine drug screen to assess for the use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Urine Drug Testing (UDT) in patient-centered clinical situations, criteria for use Other Medical Treatment

Guideline or Medical Evidence: Updated ACOEM Guidelines, 8/14/08, Chronic Pain, Page 138, urine drug screens. United States Department of Transportation, 49 CFR Part 40, Drug and Alcohol Regulations

**Decision rationale:** The treating physician has not discussed this test, the request for which is rather cryptic. It appears to be a qualitative urine screening test, presumably for drugs and alcohol, followed by a "reflex" confirmation testing, presumably at an outside laboratory. However, this is conjecture. In order to accurately determine medical necessity, the treating physician would need to provide a better description of this testing. If it is a urine drug screen, there would need to be an explanation for "reflex" confirmation rather than confirmation of specific results as indicated by the initial result. As it stands now, this is a request for a non-specific test and it is not medically necessary based on lack of a sufficient account of the content and indications.

**Gabapentin 400mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs; Medication trials Page(s): 16-21; 60.

**Decision rationale:** Per the MTUS, gabapentin is recommended for neuropathic pain. There is no good evidence in this case for neuropathic pain. There are no physician reports which adequately address the specific symptomatic and functional benefit from the AEDs used to date. Note the criteria for a "good" response per the MTUS. As noted above, none of the reports address the specific results of using any medication. Gabapentin is not medically necessary based on the lack of any clear indication, and the lack of significant symptomatic and functional benefit from its use to date.

**Urine drug screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC Pain Procedure Summary

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, drug screens, steps to avoid misuse/addiction; urine drug screen to assess for the use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Urine Drug Testing (UDT) in patient-centered clinical situations, criteria for use Other Medical Treatment Guideline or Medical Evidence: Updated ACOEM Guidelines, 8/14/08, Chronic Pain, Page 138, urine drug screens. United States Department of Transportation, 49 CFR Part 40, Drug and Alcohol Regulations

**Decision rationale:** The treating physician has prescribed a "urine drug screen" in addition to a variety of other drug screening procedures, as is discussed in this review. The treating physician

has prescribed what appears to be urine, serum and saliva testing simultaneously. If this were to be true, this is redundant as well as not indicated. The standard for all usual testing per the cited guidelines is a urine drug screen. There are very specific recommendations in the cited guidelines for collection, substances to be tested, and interpretation of results. Given the unclear and apparently redundant nature of the proposed testing, the treating physician would need to clarify any drug testing and provide information as to the specifics of the testing. An undefined "urine drug screen" could refer to many kinds of testing, some of which may or may not be valid for this application. As it stands now, the request is non-specific and when viewed along with the other testing requests, is not medically necessary and in need for a more complete definition.

**Buccal drug screen:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine (<http://www.ncbi.nlm.nih.gov/pubmed>)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, drug screens, steps to avoid misuse/addiction; urine drug screen to assess for the use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Urine Drug Testing (UDT) in patient-centered clinical situations, criteria for use Other Medical Treatment Guideline or Medical Evidence: Updated ACOEM Guidelines, 8/14/08, Chronic Pain, Page 138, urine drug screens. United States Department of Transportation, 49 CFR Part 40, Drug and Alcohol Regulations.

**Decision rationale:** The treating physician has prescribed a "buccal drug screen" in addition to a variety of other drug screening procedures, as is discussed in this review. The treating physician has prescribed what appears to be urine, serum and saliva testing simultaneously. If this were to be true, this is redundant as well as not indicated. The standard for all usual testing per the cited guidelines is a urine drug screen. There are very specific recommendations in the cited guidelines for collection, substances to be tested, and interpretation of results. Given the unclear and apparently redundant nature of the proposed testing, the treating physician would need to clarify any drug testing and provide information as to the specifics of the testing. An undefined "buccal drug screen" could refer to many kinds of testing, some of which may or may not be valid for this application. As it stands now, the request is non-specific and when viewed along with the other testing requests, is not medically necessary and in need for a more complete definition.

**Chem 19:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation A Public Resource on Clinical Lab Testing From the Laboratory Professionals Who Do The Testing, <http://labtestsonline.org/understanding/analytes/cmp>

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, specific drug list & adverse effects Page(s): 70.

**Decision rationale:** None of the reports address the specific medical necessity for this test (which is a group of tests which assess multiple organ systems) for this injured worker. It is therefore speculative as to the medical necessity. There are many possible indications for this testing and it is beyond the scope of this review to discuss all these possibilities. Given that the treating physician has not provided sufficient support for this test, and that the possible indications are so many and varied, the test is not medically necessary based on the current information. One of the many possible guidelines is cited above. The treating physician has not supplied information to support testing based on this sample guideline.

**Norco 10/325mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management; Opioids, steps to avoid misuse/addiction; indications, Chronic back pain; Mec.

**Decision rationale:** Recent reports state that Norco has been discontinued and the injured worker has been given Suboxone instead. Based on this, there is no medical necessity for further Norco. This request may have been made in error. See also the discussion below regarding buprenorphine regarding general medical necessity for opioids in this case.

**Cymbalta 60mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Antidepressants for chronic pain; SNRIs (serotonin noradrenaline reuptake inhibitors).

**Decision rationale:** If there were to be an indication for an antidepressant for chronic pain in this case, a TCA would be the first choice (see the MTUS citations). Per the MTUS, antidepressants like Cymbalta may be indicated for some kinds of chronic pain. When prescribed, the MTUS gives clear direction for outcome measurements, including functional improvement (see pages 13 and 60 of the citations above). No medical reports show specific symptomatic and functional benefit. None of the reports clearly address this medication and its results. Cymbalta is not medically necessary based on the MTUS, lack of benefit, and lack of any reports that clearly address this medication.

**Buprenorphine-Naloxone 8-2mg #49:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management; Opioids, steps to avoid misuse/addiction; indications, Chronic back pain; Mec.

**Decision rationale:** There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. There is no record of increased function resulting from opioids, as no reports address the specific results of using any opioids. Work status is not addressed. This fails the "return-to-work" criterion for opioids in the MTUS, and represents an inadequate focus on functional improvement. The references to functional improvement that are present in the records are non-specific, generic, and can be interpreted as showing very little functional improvement. The statement that the injured worker requires opioids to get out of bed is questionable as well. There is no random drug testing, and the proposed drug testing program is extremely problematic and not according to guidelines, as discussed in this review. The reports provide conflicting information regarding the ongoing prescribing of opioids. According to some portions of recent reports, the injured worker is weaned to use buprenorphine only. Then in other portions of recent reports Norco may be in use anyway, and there is a current request for Norco, which casts into doubt the entire opioid program. No opioids are medically necessary in light of the conflicting records, the lack of specific functional improvement, the failure to prescribe an appropriate drug testing program, and the lack of compliance with the MTUS and other guidelines.

**Baclofen 20mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63.

**Decision rationale:** The MTUS for Chronic Pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. This injured worker has chronic pain with no evidence of prescribing for flare-ups. Prescribing has occurred consistently for months. The quantity prescribed implies long term use, not a short period of use for acute pain. Treatment for spasm is not adequately documented as the reports specifically state that no spasm is present. There is no documentation of spasticity. No reports show any specific and significant improvements in pain or function as a result of prescribing muscle relaxants. No reports address the results of this specific medication. Per the MTUS, baclofen is not indicated and is not medically necessary.