

<b>Case Number:</b>	CM14-0218020		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	06/30/2010
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	12/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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: 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 patient is a 66 year old female who sustained a work related injury to her lower back on June 30, 2010. There was no mechanism of injury documented. The injured worker was diagnosed with facet syndrome and lumbalgia. There was no documentation of previous surgeries. According to the primary treating physician's progress report on December 2, 2014 the injured worker was evaluated for back stiffness, numbness in the left leg and radicular pain in left leg and hip. Lumbosacral examination was noted as unchanged with exacerbating and remitting symptoms. Current medications are Butrans patch, Flector patch, Metformin, Norco and Prilosec. This report also documents that the patient will continue with home exercise program (HEP), swimming and walking. Past treatment modalities consisted of a diagnostic left L3, L4, L5, medial branch nerve block March 20, 2014 and one prior to a radiofrequency ablation in August 2013 with noted improvement. Disability status is not documented; however the injured worker was allowed to work 3 hours/day every other day with modifications. Pain relief is reported to be 70% with the patches. The physician requested authorization for Butrans 20mcg/hour patch 1 every 7 days; Lab: Complete Metabolic Profile; Flector Patch 1.3mcg (unknown quantity/duration); Prilosec 20mg (unknown dosage/quantity/duration); and Urine Drug Screen. On December 11, 2014 the Utilization Review denied certification for Butrans 20mcg/hour patch (unknown quantity/duration); Lab: Complete Metabolic Profile; Flector Patch 1.3mcg (unknown dosage/quantity/duration); Prilosec 20mg (unknown dosage/quantity/duration); and Urine Drug Screen as not supported as medically necessary. According to the Utilization Review determination letter the injured worker was to be weaned

from Opioids. Butrans was not approved in July of 2014. Weaning instructions were provided. A recent urine drug test was performed on September 4, 2104 without evidence of aberrant results or history of aberrant tests and the injured worker was to be weaned making the patient low risk profile; Complete Metabolic Profile 14 (CMP) was reported on August 8, 2014, and the patient is currently not on non-steroidal anti-inflammatory drugs (NSAID's) to necessitate a proton pump inhibitor. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines, Opioids (under multiple headings) and Topical Analgesics.

### **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:** 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): 78-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain; Urine Drug Tests

**Decision rationale:** MTUS Guidelines supports periodic urine drug tests (UDS) when chronic opioids are provided, however the MTUS Guidelines do not adequately address the medically reasonable frequency of such testing. ODG Guidelines provides the details necessary to determine the appropriate medical frequency of UDS testing. The Guidelines recommend annual testing as adequate for individuals that are low risk. There is no documentation that supports anything other than low risk for abuse. The request for the repeat urine drug screen is not medically necessary.

**Lab: CMP:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 23-30.

**Decision rationale:** MTUS Guidelines recommend a certain level of medical evaluation and rational to support medical testing and/or diagnosis. The medical necessity for repeat and/or comprehensive metabolic testing does not meet these standards. The patients review of systems in negative, prior testing was negative and there is no documented need for retesting of this complete panel which includes lipid testing, thyroid testing in addition to more routine testing of liver and renal functioning. The repeat CMP lab panel is not medically necessary.

**Butrans 20mcg/hr patch (unknown dosage/quantity/duration):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Topical analgesics Page(s): 111.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, when to continue Page(s): 80.

**Decision rationale:** MTUS Guidelines supports the judicious use of opioids when there is meaningful pain relief and functional benefits. The prescribing physician documents significant pain relief and function is supported by a release to return to work duties (modified). The Butrans patch 10mcg/hr every 7 days is medically necessary.

**Flector Patch 1.3mcg (unknown dosage/quantity/duration):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.. Decision based on Non-MTUS Citation [www.flectorpatch.com](http://www.flectorpatch.com)

**Decision rationale:** MTUS Guidelines do not recommend topical analgesics for spinal pain. In addition, the manufacturer recommends the Flector patch only for acute strains. There are no unusual circumstances to justify an exception to these recommendations. The Flector patch 1.3 mcg is not medically necessary.

**Prilosec 20mg (unknown dosage/quantity/duration):** 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 NSAIDs GI symptoms and Cardiovascular Risk Page(s): 68.

**Decision rationale:** The stated rationale for the Prilosec is due to the use of topical NSAIDs. These topical NSAIDs are considered not medically necessary which leads to the conclusion that the Prilosec is not medically necessary. PPI's (Prilosec) are not benign medications with long term use associated with increased fractures and biological metal dysregulation. Under the current circumstances, the Prilosec 20mg is not supported by Guidelines and is not medically necessary.