

Case Number:	CM15-0012799		
Date Assigned:	01/27/2015	Date of Injury:	04/02/2010
Decision Date:	03/18/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/22/2015

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: Florida, New York, Pennsylvania
 Certification(s)/Specialty: Family Practice

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 58 year old man sustained an industrial injury on 4/2/2010 after he was thrown against the cockpit door and a food cart "crushed" him from the front. Treatment has included oral medications and intercoastal nerve block. Physician notes on a PR-2 dated 11/5/2104 show continued, unchanged chest pain. The ear nose and throat specialist has requested an increase in Omeprazole for possible reflux and a pH study. A current medication list is included, however, there are no medications listed that would require a urine drug screening for levels or appropriate usage. On 12/26/2014, Utilization Review evaluated a prescription for urinalysis drug screen, that was submitted on 1/5/2015. The UR physician noted that the worker is not currently taking one or more controlled substances and therefore, drug testing is not necessary. The MTUS, ACOEM Guidelines (or ODG) was cited. The request was denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

UA drug screen: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, Part 2 Page(s): 29, 43, 75, 80, 89, 108.

Decision rationale: The member sustained a 'crush' injury as a flight attendant when he fell against the cockpit door and the food cart hit him in the chest in 2010. He has not returned to work. He has failed treatment with an anterior approach intercostal nerve block as well as xiphoid excision as well as the use of PT and various medications. A review from 24Apr14 listed his medications as: Amitryptilline, Neurontin, Xanaflex, Tramadol, Sonata, Cymbalta and Ibuprofen. A urine drug screen 7Aug14 was reported to have found Tramadol and Gabapentin present despite them not being listed as routine medications. Information provided suggested that the member had not tolerated Lyrica (pregabalin) but all of the records discussed Neurontin (gabapentin). There appear to be several providers engaged in this member's care and the cited medication list seems to vary by provider. The PTP on the basis of his review and with the apparent intolerance to Lyrica decided on the following medications to best manage the member's ongoing pain: Ibuprofen, Cyclobenzaprine, Cymbalta and Axid (for GERD). This was apparently to be the sum total of relevant medications although the member was also under treatment for reactive airways disease with Theophylline and Ventolin. The rejection of the request for the UDS was based on the absence of medications that had a potential for abuse and that the member had no history of concern and yet the UDS from 7Aug14 clearly found evidence for the presence of two medications that were apparently not being actively prescribed. Tramadol has been found to provide pain relief but not functional improvement. However, this class of agent is associated with significant risks. These risks include tolerance, hyperalgesia and abuse. It is estimated that chronic use is associated with a risk for substance use disorder of between 36 and 56%. There is no evidence for long-term benefit or improvement in function. We need to remain vigilant for the risk of substance abuse. The following items suggest dependence: 1) Tolerance, 2) Withdrawal, 3) The substance is taken in amounts that are greater than intended or for a longer duration, 4) The patient is unable to cut down or quit the substance and/or desires to cut down or quit, 5) A great deal of time is spent obtaining the substance. In the face of an unexpectedly positive UDS for a potential drug of abuse, the engagement of multiple providers, duration of the problem, lack of response to interventions and a failure to return to work the UDS would appear to be both a reasonable and appropriate action. The UR Non-Cert cannot be supported. In this circumstance I would approve the use of the UDS on a 60-90 day cycle.