

Case Number:	CM15-0119436		
Date Assigned:	06/29/2015	Date of Injury:	07/22/2005
Decision Date:	08/25/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/20/2015

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: 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 sustained an industrial injury on 07/22/2005. The injured worker is currently diagnosed as having post-traumatic stress disorder, degenerative lumbar/lumbosacral disc disease, and backache. Treatment and diagnostics to date has included urine drug screens and medications. In a progress note dated 06/02/2015, the injured worker presented with complaints of lower back pain and foot pain and notes that the injured worker's pain level has not increased, can perform all of his activities of daily living, and walks daily. Objective findings include consistent preliminary urine drug screen for Hydromorphone dated 06/15 in addition to tenderness over the iliolumbar area. The treating physician reported requesting authorization for Clonazepam, Deplin (L-Methylfolate), Hydromorphone, and urine drug test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonazepam 1mg by mouth every day #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Benzodiazepine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: According to California MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines are "not recommended for long-term use because long-term efficacy is unproven and there is risk of dependence. Most Guidelines limit use to 4 weeks." This injured worker has been on a benzodiazepine since at least 11/18/2014 which is much longer than the recommended 4 weeks as suggested by MTUS. Therefore, based on the Guidelines and the submitted records, the request for Clonazepam is not medically necessary.

Deplin (L-methylfolate)15mg every day #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain and Mental Illness & Stress chapters.

Decision rationale: The California MTUS Guidelines are silent. According to the Official Disability Guidelines (Official Disability Guidelines), Deplin is not recommended until there are higher quality studies. Deplin is a prescription medical food that contains L-methylfolate (vitamin B9) in doses of 7.5 mg or 15 mg. There are no head-to-head studies comparing folic acid supplementation versus L-methylfolate in terms of augmenting antidepressant therapy for depression. Studies are equivocal as to the efficacy of such supplementation, including in terms of whether other B vitamins are added to treatment. Due to limited evidence regarding its use, this substance is not supported by the guidelines. The request for Deplin is not medically necessary.

Hydromorphone 4mg 1 by mouth every 4 hours #160: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-82.

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines discourage long term usage unless there is evidence of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not document the least reported pain over the period since last assessment, average pain, intensity of pain after

taking the opioid, how long it takes for pain relief, how long pain relief lasts, or improvement in function. These are necessary to meet Medical Treatment Utilization Schedule guidelines. Therefore, based on the Guidelines and the submitted records, the request for Hydromorphone is not medically necessary.

Urine drug test: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Urine Drug Testing (UDT).

Decision rationale: Urine drug screening is recommended as a part of drug monitoring when prescribing opiate medications. California MTUS Chronic Pain Medical Treatment Guidelines support this but does not specify the frequency the urine drug screen is to be performed. Official Disability Guidelines (Official Disability Guidelines) were consulted for the frequency which recommends testing within six months of initiation of therapy and on a yearly basis thereafter for those at low risk. Those at moderate risk are recommended for point-of-contact screening 2 to 3 times a year and those at high risk are recommended as often as once per month. According to the medical records, the injured worker is considered low risk and urine drug screens are dated 12/16/2014 and 06/02/2015. The treating physician noted on 06/02/2015 that the preliminary drug screen was consistent with Hydromorphone but the urine drug screen report was negative for Hydromorphone. Due to the unexpected results, the request for a urine drug screen is medically necessary and appropriate.