

Case Number:	CM15-0124959		
Date Assigned:	07/09/2015	Date of Injury:	01/27/2000
Decision Date:	09/28/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/29/2015

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: Internal 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 55 year old male, who sustained an industrial injury on 01/27/2000. The injured worker is currently doing alternative part-time work. The injured worker is currently diagnosed as having discogenic lumbar condition status post L5-S1 fusion and weight loss, sleep issues, and depression due to chronic pain. Treatment and diagnostics to date has included use of Transcutaneous Electrical Nerve Stimulation Unit, lumbar spine fusion, lumbar spine MRI which showed L5-S1 fusion and bulging at L4-L5 and L3-L4, unremarkable nerve studies, use of heat/ice, home exercise program, urine drug screen on 12/28/2014, and medications. In a progress note dated 05/19/2015, the injured worker presented with complaints of neck and low back pain with radiating pain and numbness. Objective findings include tenderness along the lumbosacral area with negative straight leg raise test. The treating physician reported requesting authorization for Norco, Protonix, Tramadol, and retrospective urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

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

Decision rationale: MTUS recommends that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guidelines recommend using key factors such as pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors, to monitor chronic pain patients on opioids. Assessment for the likelihood that the patient could be weaned from opioids is recommended if there is no overall improvement in pain or function, unless there are extenuating circumstances and if there is continuing pain with the evidence of intolerable adverse effects. The injured worker complains of chronic neck and low back pain. Documentation fails to demonstrate adequate improvement in level of function or pain, to support the medical necessity for continued use of opioids. In the absence of significant response to treatment, the request for Norco #60 is not medically necessary.

Protonix 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) GI (Gastrointestinal) Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), GI (gastrointestinal) symptoms & cardiovascular risk
Page(s): 68-69.

Decision rationale: Regarding the request for Protonix, California MTUS Chronic Pain Medical Treatment Guidelines state that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. After review of the received documentation, there is no indication that the injured worker has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. Therefore, based on the Guidelines and the submitted records, the request for Protonix 20mg #60 is not medically necessary.

Tramadol ER 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram), Opioids, Criteria for Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram), Opioids Page(s): 113, 76-82.

Decision rationale: MTUS recommends that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented with the use

of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Tramadol is a centrally acting analgesic reported to be effective in managing neuropathic pain. Per MTUS guidelines, there are no long-term studies to allow use of Tramadol for longer than three months. Documentation shows that the treating physician requests Tramadol to allow for weaning off Norco. Physician report fails to demonstrate adequate improvement in level of function or pain with ongoing use of opioid medication, to support the medical necessity for the addition of Tramadol. With MTUS guidelines not being met, the request for Tramadol 150mg #30 is not medically necessary.

Retrospective request for 10 panel urine drug screen, quantity: 1, preformed on 5/19/2015:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Urine drug testing (UDT). (2015).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Opioids Page(s): 43, 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 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. Review of the received medical records show a recent urine drug screen done on 12/28/2014, no discussions regarding the injured worker having any adverse behavior with opiate use or opiate use risk level, and no explanation why another urine drug screen is needed. Therefore, based on the Guidelines and the submitted records, the request for Retrospective request for 10 panel urine drug screen, quantity: 1, preformed on 5/19/2015 is not medically necessary.