

Case Number:	CM15-0127022		
Date Assigned:	07/13/2015	Date of Injury:	05/30/2007
Decision Date:	09/25/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/01/2015

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: Texas, New York, 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 applicant is a represented 53-year-old who has filed a claim for chronic neck, hand, and wrist pain reportedly associated with an industrial injury of May 30, 2007. In a Utilization Review report dated June 22, 2015, the claims administrator failed to approve requests for random drug testing, Duragesic, Norco, Duexis, a topical compounded cream, and 12 sessions of physical therapy. The claims administrator referenced a June 11, 2015 date of service in its determination. On July 14, 2015, the applicant reported ongoing complaints of neck pain, 6/10. The applicant was pending spine surgery; it was stated in one section of the note. The applicant stated that Norco and Duragesic were beneficial. The applicant acknowledged that Movantik was not working. The applicant's medication list included Duragesic, Duexis, Neurontin, Norco, Relistor, Prilosec, it was reported. Urine drug testing and topical compounded cream were endorsed. The applicant had undergone earlier failed cervical spine surgery; it was reported in the diagnosis section of the note. Neurontin, Norco, Duragesic, and Prilosec were all prescribed, in conjunction with a topical compounded agent. The applicant's work status was not furnished, although it did not appear that the applicant was working. The attending provider stated that the applicant's medications were beneficial but did not seemingly elaborate further. On June 11, 2015, the applicant was again given prescriptions for Duragesic, Norco, Neurontin, and Duexis. Topical compounded cream was endorsed. Once again, the applicant's work status was not altered. Twelve sessions of physical therapy was sought for myofascial release purpose. 6/10 pain complaints were reported. The attending provider again stated that the applicant's

medications were beneficial despite her experiencing symptoms of constipation associated with the same.

IMR ISSUES, DECISIONS AND RATIONALES

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

Random UDS, two within twelve months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing (UDT).

Decision rationale: No, the request for random urine drug testing is not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. ODG Chronic Pain Chapter Urine Drug Testing topic, however, suggests that an attending provider attach an applicant's complete medication list to the request for authorization for testing, eschew confirmatory and/or quantitative testing outside of the emergency department drug overdose context, clearly state which drug testing and/or drug panels he intended to test for and why, and attempt to categorize applicants into higher- or lower-risk categories for whom more or less frequent drug testing would be indicated. Here, however, it was not stated precisely which drug tests and/or drug panels were being tested for. The attending provider neither signaled his intention to conform to the best practices of the United States Department of Transportation nor signaled his intention to eschew confirmatory and/or quantitative testing here. It was not stated when the applicant was last tested. Since multiple ODG criteria for pursuit of drug testing were not met, the request is not medically necessary.

Fentanyl patch 25 mcg, fifteen count, provided on June 11, 2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7. When to Continue Opioids Page(s): 80.

Decision rationale: Similarly, the request for Fentanyl (Duragesic) is not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved because of the same. Here, however, the applicant's work status was not clearly reported on office visits of June 11, 2015 or July 14, 2015, suggesting that the applicant was not, in fact, working. Pain complaints as high as 6/10 was reported, despite ongoing Duragesic usage. While the treating provider stated that ongoing usage of Duragesic (Fentanyl) had proven beneficial here, the treating provider failed to outline specific functions or functionalities, which had been ameliorated because of ongoing Fentanyl (Duragesic) usage. Therefore, the request is not medically necessary.

Norco 10/325 mg, 120 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Similarly, the request for Norco, a short-acting opioid, was likewise medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant's work status was not clearly reported on July 14, 2015 or on June 11, 2015, suggesting that the applicant was not, in fact, working. The applicant reported difficulty performing activities of daily living as basic as pulling, pushing, gripping, grasping, and reaching, it was reported on those dates. Such reports effectively outweighed any subjective reports of analgesia affected as a result of ongoing Norco usage. Therefore, the request was not medically necessary.

Duexis 800/26.6 mg, thirty count, provided on June 11, 2015: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk; Functional Restoration Approach to Chronic Pain Management Page(s): 69; 7. Decision based on Non-MTUS Citation DUEXIS(®) (ibuprofen 800 mg, famotidine 26.6 mg): a new, www.ncbi.nlm.nih.gov/, National Center for Biotechnology Information by AE Bello, 2012, Cited by 6.

Decision rationale: Similarly, the request for Duexis was likewise not medically necessary, medically appropriate, or indicated here. Duexis, per the National Library of Medicine (NLM), is an amalgam of ibuprofen and famotidine. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that H2 antagonists such as famotidine are indicated in the treatment of NSAID-induced dyspepsia, here, however, there was no mention of the applicant's having issues with reflux, heartburn, and/or dyspepsia either NSAID-induced or stand-alone, on the June 11, 2015 progress note in question. Since the famotidine component of the Duexis amalgam was not indicated, the entire amalgam was not, thus, indicated. It was further noted that the request was framed as a renewal or extension request for Duexis (ibuprofen-famotidine). However, pages 7 of the MTUS Chronic Pain Medical Treatment Guidelines and page 47 of the ACOEM Practice Guidelines both stipulate that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations so as to proper usage and so as to manage expectations. Here, however, it did not appear that ongoing usage of Duexis had proven particularly beneficial. The applicant did not appear to be working, it was suggested "but not clearly stated" on office visits of June 11, 2015 and July 14, 2015. Ongoing usage of Duexis failed to curtail the applicant's dependence on opioid agents such as Duragesic and Norco. The applicant continued to report difficulty-

performing activities of daily living as basic as pulling, pushing, gripping, and grasping; it was reported on those dates. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of Duexis. Therefore, the request was not medically necessary.

Compound cream: Ketamine 5%/Diclofenac 10%/Lidocaine 5% 60 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111 - 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The request for a ketamine-containing topical compounded cream was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, topical ketamine is deemed understudy and recommended only in the treatment of neuropathic pain in refractory cases in which all primary and secondary treatments have been exhausted. Here, however, there was no mention of the applicant's having tried, failed, and/or exhausted multiple classes of first-line oral pharmaceuticals prior to introduction, selection, and/or ongoing usage of the ketamine-containing topical compounded agent in question. Since the ketamine component of the amalgam was not recommended, the entire amalgam was not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Twelve sessions of physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98 - 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines; Functional Restoration Approach to Chronic Pain Management Page(s): 99; 8.

Decision rationale: Finally, the request for 12 sessions of physical therapy was likewise not medically necessary, medically appropriate, or indicated here. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support a general course of 24 sessions of treatment for complex regional pain syndrome, the diagnosis reportedly present here, this recommendation is, however, qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant's work status was not clearly reported on office visits of June and July 2015, suggesting that the applicant was not, in fact working. The applicant remained dependent on opioid agents such as Duragesic and Norco. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792. 20e, despite receipt of earlier unspecified amounts of physical therapy over the course of the claim. It was not clearly stated or clearly established, in short, how (or if) the applicant profited from earlier physical therapy and/or how the applicant could stand to gain from further therapy, going forward. Therefore, the request was not medically necessary.