

Case Number:	CM15-0129201		
Date Assigned:	07/15/2015	Date of Injury:	05/21/2012
Decision Date:	09/23/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	07/02/2015

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 41-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of May 21, 2012. In a utilization review report dated June 8, 2015, the claims administrator failed to approve requests for a urine drug screen, Senokot, Norco, Cymbalta, Naprosyn, and a capsaicin-containing cream. The claims administrator referenced an RFA form received on June 1, 2015 in its determination, along with a progress note dated May 27, 2015. The applicant's attorney subsequently appealed. On May 27, 2015, the claimant reported ongoing complaints of neck pain radiating to the left upper extremity, with low back pain radiating to the bilateral lower extremities, aggravated by bending, rotating, and walking. The claimant had had one prior lumbar epidural steroid injection, the treating provider contended, but had reportedly never had cervical epidural steroid injection therapy. The attending provider stated that the applicant's pain scores averaged 4/10 with medications versus 6/10 without medications. Activities as basic as walking, sleeping, and rotating remained problematic, it was reported. The attending provider stated toward the bottom of the note that the applicant had a "severe" functional disability. The claimant was not working, it was acknowledged. The claimant was given a rather proscriptive 10-pound lifting limitation. Senna/docusate, tizanidine, Neurontin, Norco, Cymbalta, Naprosyn, and a capsaicin-containing cream were prescribed. It was suggested toward the top of the note that the claimant was attending school of some kind.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use of opioids.

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 a urine drug screen was not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that drug testing is recommended as an option in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. ODG's Chronic Pain Chapter, Urine Drug Testing Topic, however, stipulates 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 tests and/or drug panels he intends to test for, and attempt to categorize the applicants into higher- or lower-risk categories for whom more or less frequent drug testing would be indicated. Here, however, the attending provider did not state when the applicant was last tested. The attending provider did not signal his intention to conform to the best practices of the United States Department of Transportation when performing testing, nor did the attending provider signal his intention to eschew confirmatory and/or quantitative testing here. Since multiple ODG criteria for pursuit of drug testing were not met, the request was not indicated. Therefore, the request was not medically necessary.

Senokot-S 50/8.6mg #60: Overturned

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 3) Initiating Therapy Page(s): 77.

Decision rationale: Conversely, the request for Senokot, a laxative agent, was medically necessary, medically appropriate, and indicated here. As noted on page 77 of the MTUS Chronic Pain Medical Treatment Guidelines, prophylactic treatment of constipation should be initiated in applicants using opioids. Here, the applicant was using Norco, an opioid agent, as of May 27, 2015. Concomitant provision with Senokot, a laxative agent was, thus, indicated, to combat any issues with opioid-induced constipation which may have arisen in conjunction with the same. Therefore, the request was medically necessary.

Hydrocodone 10/325mg #90: Upheld

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

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

Decision rationale: Conversely, the request for hydrocodone-acetaminophen (Norco), a short-acting opioid, was 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 as a result of the same. Here, however, the applicant had failed to return to work, it was reported on May 27, 2015. While the attending provider did state that the applicant's pain scores had dropped from 6/10 without medications to 4/10 with medications, these reports were, however, outweighed by the applicant's failure to return to work, the rather proscriptive 10-pound lifting limitation renewed on May 27, 2015, and the attending provider's reports to the effect that activities of daily living as basic as walking and sleeping remained problematic. The attending provider also reported on May 27, 2015 that the applicant perceived herself as carrying a "severe" functional disability. All of the foregoing, taken together, did not make a compelling case for continuation of opioid therapy with Norco. Therefore, the request was not medically necessary.

Duloxetine DR 60mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Duloxetine (Cymbalta); Functional Restoration Approach to Chronic Pain Management Page(s): 15; 7.

Decision rationale: Similarly, the request for Cymbalta, an SNRI antidepressant, was likewise not medically necessary, medically appropriate, or indicated here. While page 15 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Cymbalta is FDA approved in the treatment of depression but can be employed off label for radiculopathy, as was present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, the applicant remained off of work, despite ongoing Cymbalta usage. Ongoing usage of Cymbalta had failed to curtail the applicant's dependence on opioid agents such as Norco. A rather proscriptive 10-pound lifting limitation was renewed, seemingly unchanged, on May 27, 2015. The applicant continued to report difficulty with standing and walking and performing activities as basic as self-care and personal hygiene, it was reported on May 27, 2015. The applicant perceived herself as severely functionally disabled, it was reported on that date. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20 (e), despite ongoing usage of Cymbalta. Therefore, the request was not medically necessary.

Naproxen 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

Decision rationale: Similarly, the request for Naprosyn, an anti-inflammatory medication, was likewise not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Naprosyn do represent the traditional first-line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, the applicant remained off of work, despite ongoing Naprosyn usage. A rather proscriptive 10-pound lifting limitation was renewed on May 27, 2015, despite ongoing Naprosyn usage. Ongoing usage of Naprosyn failed to curtail the applicant's dependence on opioid agents such as Norco. The applicant continued to report difficulties performing activities of daily living as basic as self-care, personal hygiene, ambulating, etc., despite ongoing Naprosyn usage, it was acknowledged on May 27, 2015. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20 (e), despite ongoing usage of Naprosyn. Therefore, the request was not medically necessary.

Capsaicin 0.025% cream #60: 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 Capsaicin, topical Page(s): 28.

Decision rationale: Finally, the request for a topical capsaicin cream was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 28 of the MTUS Chronic Pain Medical Treatment Guidelines, topical capsaicin is recommended only as an option in applicants who have not responded to or are intolerant of other treatments. Here, however, there is no mention of the applicant's intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify introduction, selection, and/or ongoing usage of topical capsaicin here. Therefore, the request was not medically necessary.