

Case Number:	CM15-0034885		
Date Assigned:	03/03/2015	Date of Injury:	10/27/2001
Decision Date:	05/21/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/24/2015

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: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 65 year old female, who sustained an industrial injury on 10/27/2001. The mechanism of injury was lifting. She reported low back pain. The injured worker was diagnosed as having lumbar disc degeneration, chronic pain, lumbar facet arthropathy, lumbar radiculopathy, anxiety, chronic constipation, and depression. Treatment to date has included urine drug screening, medications, epidural steroid injections and physical therapy. The request is for Percocet, Tramadol, and urine drug screen, Ondansetron, Aciphex, and Naloxone HCL. On 1/9/2015, she reported neck pain with radiation into the upper extremities, and low back pain with radiation into the lower extremities down to the feet. She rated her pain level as 6/10 with medications and 8/10 without medications. She indicated her pain level to be unchanged since her last visit. She reported that her opioid medications were helpful, and the time to pain relief is 1 hour, lasting 2-3 hours. The treatment plan included: spinal cord stimulator trial, urine drug testing, and follow up, Gabapentin, Ondansetron, Percocet, Atenolol, Aciphex, Naloxone, and Tramadol.

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 Urine drug testing (UDT) Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

Decision rationale: The California MTUS indicates that the use of urine drug screening is for injured workers with documented issues of abuse, addiction, or poor pain control. The clinical documentation submitted for review indicated the injured worker was compliant with medications and had a pain contract on file. The injured worker was noted to undergo periodic urine drug testing, and was CURES appropriate. There was a lack of documentation indicating the injured worker had documented issues of abuse, addiction, or poor pain control. Given the above, the request for urine drug screen is not medically necessary.

Ondansetron 4mg QTY: 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, Integrated Treatment/Disability Duration Guidelines, Pain (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Ondansetron.

Decision rationale: The Official Disability Guidelines indicate that ondansetron is not recommended for opiate induced nausea. It is recommended for postsurgical treatment or for treatment with chemotherapy. The clinical documentation submitted for review indicated the injured worker had severe nausea. However, the efficacy was not provided. The associated nausea was not noted to be postsurgical. The request as submitted failed to indicate the frequency of the requested medication. Given the above, the request for ondansetron 4 mg, quantity 30, is not medically necessary.

Percocet 10/325mg QTY: 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The clinical documentation submitted for review indicated the injured worker was being monitored for aberrant drug behavior and side effects. There was documentation the injured worker was being monitored for aberrant drug behavior and side effects. There was documentation the injured worker had increased or maintained activities of daily living and function. The injured worker was noted to be CURES appropriate and urine drug testing appropriate. The injured worker had objective pain relief. However, the request as

submitted failed to indicate the frequency for the requested medication. Given the above, the request for Percocet 10/325 mg, quantity 120, is not medically necessary.

Aciphex 20mg QTY: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: The California MTUS Guidelines recommend proton pump inhibitors for injured workers at intermediate risk or higher for gastrointestinal events and are also for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated the injured worker had gastritis. However, the efficacy of the medication was not provided. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Aciphex 20 mg quantity 30 is not medically necessary.

Naloxone HCL 0.4mg x 2 evzlo (1 emergency kit): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naloxone. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Naloxone (Narcan).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Naloxone (Narcan; 1/2).

Decision rationale: The Official Disability Guidelines indicate that naloxone is recommended in hospital, based in emergency department settings to address opioid overdose cases. Additionally, they indicate that there is little evidence research to guide who should receive naloxone in an outpatient medically prescribed setting. For the use of naloxone outside of the facility, there should be documentation of a complete history, including questions about prior drug and alcohol use. There should be evidence that education has been provided to the injured worker. There should be evidence that the injured worker has been counseled about drug use, including risk of self-escalation of doses and self-monitoring of function; and there should be evidence that the injured worker has been given information about the risk of overdosing, including risk factors. Additionally, it should be considered for injured workers who have problems who require opioids for medical reasons, which include injured workers who have a history of substance or abuse or those who are active abusers or scheduled drugs, including opioids. Additionally, injured workers who have opioids rotated and may be at risk for incomplete tolerance are appropriate users for naloxone. The clinical documentation submitted for review indicated the injured worker was prescribed naloxone as a rescue medication. However, there was a lack of documentation indicating the injured worker had documented

issues of drug abuse. There was a lack of documentation indicating the injured worker was an active abuser of scheduled drugs, including opioids. There was a lack of documentation indicating the injured worker had their opioids rotated. Given the above, the request for naloxone HCL 0.4 mg x 2 evzlo (1 emergency kit) is not medically necessary.

Tramadol ER 150mg QTY: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The clinical documentation submitted for review indicated the injured worker had objective pain relief and an objective increase in activity with the medications. There was documentation the injured worker was being monitored for aberrant drug behavior and side effects. This medication would be supported. However, the request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for tramadol ER 150 mg #30 is not medically necessary.