
Notice of Independent Medical Review Determination

Dated: 10/15/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/15/2013
Date of Injury:	4/8/2009
IMR Application Received:	7/22/2013
MAXIMUS Case Number:	CM13-0002256

- 1) MAXIMUS Federal Services, Inc. has determined the request for urine toxicology test **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for genetic testing for narcotic risk **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for follow-up consult with a gastroenterologist **is medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for Somocin #20 **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for Laxacin #100 **is medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for Cabacyclotram 180 gm **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/22/2013 disputing the Utilization Review Denial dated 7/15/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/24/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for urine toxicology test **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for genetic testing for narcotic risk **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for follow-up consult with a gastroenterologist **is medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for Somocin #20 **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for Laxacin #100 **is medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for Cabacyclotram 180 gm **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent medical doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Preventive Medicine and Occupational Medicine is licensed to practice in California. 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 treatments and/or services at issue.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 15, 2013:

"The patient reported an industrial injury on 4/08/2009, over four (4) years ago, to the lower back in the performance of his job duties attributed to lifting power washer into the truck. The patient has received conservative treatment in the form physical therapy, exercises, a prior lumbar ESI, and oral medications. The patient underwent a microdiscectomy to L4-5 on 10/8/2009 and a laminectomy was repeated during 12/2010.

The orthopedic progress report dated 7/1/09 by Dr. [REDACTED] reported that the patient was one week removed from the lumbar ESI and his pain was noted be worse with "constant lower back pain, worse on the left buttock that radiates down the left leg to the foot". The patient also reported right lower extremity pain. The patient did not receive any

relief from the initial lumbar ESI. The objective findings on examination were documented as “lumbar flexion of 50 degrees with pain and splinting effect noted Extension and later bending 15 degrees with significant pain. SLR on the left is 40 degrees with significant pain and positive Lasegue sign of the left. There is a 4+ tenderness at L3-4 and L5-S1 as well as 3+ tenderness at the left sacroiliac, left sciatic notch and left posterior tibial nerve”. The discussion reported that the first ESI "has not changed the patient’s complaints or objective findings".

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review (received 7/22/13)
- Utilization Review Determination from [REDACTED] (dated 7/15/13)
- Employee Medical Records from [REDACTED] (received 8/8/13)
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for Urine Toxicology Test:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Current Version, Pain Chapter, a medical treatment guideline (MTG) not part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the Chronic Pain Medical Treatment Guidelines, Opioids, steps to avoid misuse/addiction, page 94, part of the MTUS, relevant and appropriate for the employee’s clinical circumstance.

Rationale for the Decision:

The employee injured the low back on 4/08/2009. The submitted and reviewed medical records indicated treatment has included: analgesic medications, adjuvant medications, unspecified amount of physical therapy over the life of the claim, epidural steroid injection therapy, lumbar microdiscectomy procedure at L4-L5, transfer of care to and from various providers in various specialties, and prior three level lumbar fusion surgery of 2/14/13. A report dated 6/13/13 indicates limited range of motion despite 5/5 bilateral lower extremity strength. A request was made for a urine toxicology test, genetic testing for narcotic risk, follow up consultation with a gastroenterologist, Somocin # 20, Laxacin # 100, and Cabacyclotram 180 gm.

The MTUS Chronic Pain Guidelines note frequent random urine toxicology screens are recommended in those individuals who are at high risk of abuse. The submitted and reviewed medical records indicate the employee has had prior urine drug testing, which is not consistent with prescribed medications. The prior urine drug testing was positive for Soma. The records do not indicate the employee was prescribed this drug. Repeat urine drug testing is therefore indicated. The request for a urine toxicology test **is medically necessary and appropriate.**

2) Regarding the request for genetic testing for narcotic risk:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on no applicable evidenced based guideline being available. The provider did not dispute the lack of guidelines used by the Claims Administrator. The Expert Reviewer found the Chronic Pain Medical Treatment Guidelines, Cytokine DNA Testing for Pain, page 42, of the MTUS, relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee injured the low back on 4/08/2009. The submitted and reviewed medical records indicated treatment has included: analgesic medications, adjuvant medications, unspecified amount of physical therapy over the life of the claim, epidural steroid injection therapy, lumbar microdiscectomy procedure at L4-L5, transfer of care to and from various providers in various specialties, and prior three level lumbar fusion surgery of 2/14/13. A report dated 6/13/13 indicates limited range of motion despite 5/5 bilateral lower extremity strength. A request was made for a urine toxicology test, genetic testing for narcotic risk, follow up consultation with a gastroenterologist, Somocin # 20, Laxacin # 100, and Cabacyclotram 180 gm.

The MTUS Chronic Pain guidelines indicate that there is no current evidence to support the use of cytokine DNA testing for the diagnosis of pain, including chronic pain. In this case, the outcome of urine drug testing would not influence the employee's diagnosis or treatment. The request for genetic testing for narcotic risk **is not medically necessary and appropriate.**

3) Regarding the request for follow-up consult with a gastroenterologist:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator did not provide an evidence-basis for their decision. The provider did not dispute the lack of guidelines used by the Claims Administrator. The Expert Reviewer found the Chronic Pain Medical Treatment Guidelines, page 1, part of the MTUS, relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee injured the low back on 4/08/2009. The submitted and reviewed medical records indicated treatment has included: analgesic medications, adjuvant medications, unspecified amount of physical therapy over the life of the claim, epidural steroid injection therapy, lumbar microdiscectomy procedure at L4-L5, transfer of care to and from various providers in various specialties, and prior three level lumbar fusion surgery of 2/14/13. A report dated 6/13/13 indicates limited range of motion despite 5/5 bilateral lower extremity strength. A request was made for a urine toxicology test, genetic testing for narcotic risk, follow up consultation with a gastroenterologist, Somocin # 20, Laxacin # 100, and Cabacyclotram 180 gm.

The MTUS Chronic Pain guidelines indicate that consultation or referral to a

specialist should be considered when the pain persists, the patient continues to request medication or when conservative measures have not been successful or are not indicated. The medical records reviewed indicate that the employee is still having issues with constipation despite introduction of a stool softener. The request for a follow-up consultation with a gastroenterologist **is medically necessary and appropriate.**

4) Regarding the request for Somocin #20:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Current Version, Pain Chapter, a medical treatment guideline (MTG) not part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found no section of the MTUS relevant and applicable to the issue at dispute. The Expert Reviewer found the ODG, Pain Chapter, Medical Foods section, relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee injured the low back on 4/08/2009. The submitted and reviewed medical records indicated treatment has included: analgesic medications, adjuvant medications, unspecified amount of physical therapy over the life of the claim, epidural steroid injection therapy, lumbar microdiscectomy procedure at L4-L5, transfer of care to and from various providers in various specialties, and prior three level lumbar fusion surgery of 2/14/13. A report dated 6/13/13 indicates limited range of motion despite 5/5 bilateral lower extremity strength. A request was made for a urine toxicology test, genetic testing for narcotic risk, follow up consultation with a gastroenterologist, Somocin # 20, Laxacin # 100, and Cabacyclotram 180 gm.

The Official Disability Guidelines indicate that medical foods such as Somocin are not recommended except in the event that a claimant has a medical condition for which there is specific nutritive requirement or nutritive deficiency. The submitted and reviewed medical records do not provide evidence that the employee's chronic pain is associated with any specific nutritive deficits. The request for Somacin # 20 **is not medically necessary and appropriate.**

5) Regarding the request for Laxacin #100:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Current Version, Pain Chapter, a medical treatment guideline (MTG) not part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the Chronic Pain Medical Treatment Guidelines, Criteria for use of opioids, page 77, part of the MTUS, relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee injured the low back on 4/08/2009. The submitted and reviewed medical records indicated a prior urine drug test on 3/26/2013 revealed the presence of Soma, a medication that was not prescribed to the employee. The most recent submitted medical report, dated 6/13/2013, indicated that the employee was four months post-surgery and reported constipation with opioid use and low-grade dysuria. A request was made for a urine toxicology test, genetic testing for narcotic risk, follow up consultation with a gastroenterologist, Somocin # 20, Laxacin # 100, and Cabacyclotram 180 gm.

The MTUS Chronic Pain guidelines indicate that prophylactic treatment of constipation is indicated in those individuals using opioids chronically. The reviewed records indicate that the employee was exhibiting ongoing issues with constipation associated with Norco and Percocet use. Laxacin, a laxative is indicated in the treatment of constipation. The request for Laxacin, # 20 **is medically necessary and appropriate.**

6) Regarding the request for cabacyclotram 180 gm:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Current Version, Pain Chapter, a medical treatment guideline (MTG) not part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the Chronic Pain Medical Treatment Guidelines, Topical analgesic, page 111 and Gabapentin, page 113, part of the MTUS, relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee injured the low back on 4/08/2009. The submitted and reviewed medical records indicated a prior urine drug test on 3/26/2013 revealed the presence of Soma, a medication that was not prescribed to the employee. The most recent submitted medical report, dated 6/13/2013, indicated that the employee was four months post-surgery and reported constipation with opioid use and low-grade dysuria. A request was made for a urine toxicology test, genetic testing for narcotic risk, follow up consultation with a gastroenterologist, Somocin # 20, Laxacin # 100, and Cabacyclotram 180 gm.

The MTUS Chronic Pain Guidelines indicate that topical agents and topical compounds are highly experimental. When one ingredient in a compound is not recommended, the entire compound is considered not recommended. The guidelines do not recommend gabapentin and cyclobenzaprine in a topical formulation. The request for Gabacyclotram # 180 gm **is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.