

Case Number:	CM14-0059572		
Date Assigned:	07/09/2014	Date of Injury:	07/03/2008
Decision Date:	08/24/2015	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/30/2014

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 69 year old male who sustained an industrial injury on 07/03/2008. Current diagnoses include disc bulge lumbar spine, degenerative disc disease lumbar spine, and radiculopathy lumbar spine. Previous treatments included medication management, and home exercise program. Previous diagnostic studies include an MRI of the lumbar spine and EMG/NCS of the lower extremities. Report dated 02/26/2015 noted that the injured worker presented with complaints that included pain and discomfort in the lumbar spine with radiation to the right leg with associated numbness. Pain level was not included. Physical examination was not included; the fourth page of this report was missing. The treatment plan included refilling medications, request for urine drug screen, and re-evaluation in one month. Disputed treatments include a random urine drug screen, Ultram, Soma, Neurontin, Voltaren, and Senna.

IMR ISSUES, DECISIONS AND RATIONALES

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

One random urine drug test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Steps to avoid misuse/addiction.

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 Urine Drug Testing (UDT).

Decision rationale: This request for urine drug test is evaluated in light of the Official Disability Guidelines (ODG) for Urine Drug Testing (UDT). ODG state: (1) UDT is recommended at the onset of treatment of a new patient who is already receiving a controlled substance or when chronic opioid management is considered. Urine drug testing is not generally recommended in acute treatment settings (i.e. when opioids are required for nociceptive pain). (2) In cases in which the patient asks for a specific drug. This is particularly the case if this drug has high abuse potential; the patient refuses other drug treatment and/or changes in scheduled drugs, or refuses generic drug substitution. (3) If the patient has a positive or "at risk" addiction screen on evaluation. This may also include evidence of a history of comorbid psychiatric disorder such as depression, anxiety, bipolar disorder, and/or personality disorder; See Opioids, screening tests for risk of addiction & misuse. (4) If aberrant behavior or misuse is suspected and/or detected. Review of Medical Records shows the injured worker's prior drug screen results did not indicate substance abuse, noncompliance, or aberrant behavior. This injured worker had drug screen recently. The treating provider does not provide any documentation about the need for Urine Toxicology. Guidelines are not met; therefore, the request is not medically necessary.

Ultram 50mg #60 with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ultram (Tramadol) Page(s): s 75-82.

Decision rationale: According to the California MTUS, Tramadol (Ultram) is a synthetic opioid which affects the central nervous system and is indicated for the treatment of moderate to severe pain. Per CA MTUS Guidelines, certain criteria need to be followed, including an ongoing review and documentation of pain relief and functional status, appropriate medication use, and side effects. Pain assessment should include: current pain, last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. There is no compelling evidence presented by the treating provider that indicates this injured worker has had any significant improvements from this medication, and also review of medical records do not clarify that previous use of this medication has been effective in this injured worker for maintaining any functional improvement. Of note, discontinuation of an opioid analgesic requires a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.

Soma 350mg #30 with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): s 29 and 63-65. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Muscle relaxants.

Decision rationale: The prescription for Soma is evaluated in light of the MTUS and Official Disability Guidelines (ODG) recommendations. As per MTUS, Soma is not recommended for longer than a 2 to 3 week period. Side Effects include drowsiness, psychological and physical dependence, & withdrawal with acute discontinuation. ODG recommend non-sedating muscle relaxants with caution as a second-line option for short-term (less than two weeks) treatment of acute LBP and for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. Given these guidelines, as long term use is not recommended, therefore, the requested treatment: Soma 350mg is not medically necessary and appropriate. Of note, discontinuation of the medicine should include a taper. The requested medication is not medically necessary.

Neurontin 300mg #90 with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): s 16-20 and 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Anti-epilepsy drugs (AEDs) for pain.

Decision rationale: According to the CA MTUS (2009) and ODG, Neurontin (Gabapentin) is an anti-epilepsy drug, which has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia, and has been considered as a first-line treatment for neuropathic pain. The records documented that this injured worker has neuropathic pain related to her chronic low back condition. Neurontin has been part of her medical regimen. However in this case, there is no compelling evidence presented by the treating provider that indicates this injured worker has had any significant improvements from this medication, and also review of medical records do not clarify that previous use of this medication has been effective in this injured worker for maintaining the functional improvement. Medical necessity for Neurontin has not been established. The requested medication is not medically necessary.

Voltaren 75mg #60 with two refills.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Diclofenac (Voltaren).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): s 67-71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Anti-inflammatory medications.

Decision rationale: As per MTUS Guidelines Diclofenac is a non-steroidal anti-inflammatory medication (NSAID). This type of medication is recommended for the treatment of chronic Osteoarthritis. Dosages greater than 150 mg/day PO are not recommended. Ankylosing spondylitis recommends 25 mg PO 4 times a day with an extra 25-mg dose at bedtime if necessary. Voltaren-XR should only be used as chronic maintenance therapy. ODG states, NSAIDs (non-steroidal anti-inflammatory drugs), Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Per treating provider's notes "the patient rates his pain level 6/10 which is unchanged since his last visit. The patient is having difficulty with bending, lifting, pushing, squatting, which is unchanged since his last visit. The documentation indicates the patient has been maintained on long-term NSAID therapy, but there has been no compelling evidence presented by the provider to document that the patient has had any significant improvements from this medication, and also review of medical records do not clarify that previous use of this medication has been effective in this injured worker for maintaining any functional improvement. Medical necessity for the requested treatment has not been established. The requested treatment is not medically necessary.

Senna Plus #60 with two refills: Upheld

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

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, Constipation.

Decision rationale: This request for this prescription is evaluated in light of the Official Disability Guidelines (ODG) for constipation. Opioid-induced constipation is a common adverse effect of long-term opioid use because of the binding of opioids to peripheral opioid receptors in the gastrointestinal tract, resulting in absorption of electrolytes and reduction in small intestine fluid. According to ODG, if opioids are determined to be appropriate for the treatment of pain then prophylactic treatment of constipation should be initiated. Senokot is a stool softener, a stimulant laxative and is used to relieve occasional constipation. According to ODG, if opioids are determined to be appropriate for the treatment of pain then prophylactic treatment of constipation should be initiated. In this case, with non-approval of opioid use, the medical necessity of Senokot is not established. The requested medication is not medically necessary.