

<b>Case Number:</b>	CM13-0009359		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	02/12/2002
<b>Decision Date:</b>	04/17/2014	<b>UR Denial Date:</b>	07/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/09/2013

### 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. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Pulmonary Diseases and 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 disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 66-year-old male who reported an injury on 02/12/2002. The mechanism of injury was not provided. The patient's medication history was noted to include Lyrica, Prilosec, OxyContin, and hydrocodone since 2011. The documentation of 06/27/2013 revealed the patient had pain in the mid to low back on the left side. The physical examination revealed the patient had minimal tenderness on the left side and tenderness in the right of midline over the facet prominences. The diagnostic impression was noted to include thoracic or lumbosacral neuritis or radiculitis unspecified, facet syndrome, lumbosacral spondylosis without myelopathy, lumbago, spinal stenosis, spondylolisthesis, and postlaminectomy syndrome of the lumbar region. The request was made for a gym membership, medication refills, and a urine drug screen as part of the pain management agreement and office policy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**GYM MEMBERSHIP:** 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).

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

**Decision rationale:** Official Disability Guidelines indicate that gym memberships are not generally considered medical treatment and accident report not covered under the guidelines of disability. There was a lack of documentation indicating exceptional factors to warrant non adherence to guideline recommendations. The request as submitted failed to indicate the duration for the gym membership. Given the above, the request for gym membership is not medically necessary.

**URINE DRUG SCREEN:** Upheld

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

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

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend urine drug screens for patients who have documentation of issues of abuse, addiction, or poor pain control. There was a lack of documentation indicating the patient had issues of the above. As such, the request for urine drug screen one time is not medically necessary.

**LYRICA:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs Page(s): 16.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs Page(s): 16.

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) guidelines recommend antiepileptic medications as a first line medication for treatment of neuropathic pain. There should be documentation of an objective decrease in pain and an objective functional improvement. The clinical documentation submitted for review indicated the patient had been taking the medication since 2011. There was a lack of documentation of an objective decrease in pain and objective functional improvement with the medication. Given the above, the request for Lyrica 100 mg #90 is not medically necessary.

**NORCO 10/325MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, Opioids, dosing Page(s): 60, 78, 86.

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in the visual analog scale score, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The cumulative dosing should not exceed 120 mg oral morphine equivalents per day. The clinical documentation submitted for review indicated the patient had been taking the medication since 2011. The clinical documentation submitted for review failed to meet the above criteria. Additionally, the cumulative dose of the medications would be 160 mg of oral morphine equivalent per day which exceeds guideline recommendations. Given the above, the request for Norco 10/325 mg #120 is not medically necessary.

**OXYCONTIN 60MG #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, Opioids, dosing Page(s): 60, 78, 86.

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in the visual analog scale score, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The cumulative dosing should not exceed 120 mg oral morphine equivalents per day. The clinical documentation submitted for review indicated the patient had been taking the medication since 2011. The clinical documentation submitted for review failed to meet the above criteria. Additionally, the cumulative dose of the medications would be 120 mg of oral morphine equivalent per day which exceeds guideline recommendations. Given the above, the request for Norco OxyContin 60 mg #60 is not medically necessary.

**OMEPRAZOLE 20MG #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Nonsteroidal anti-inflammatory drugs (NSAIDS), Page(s): 69.

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend PPIs for the treatment of dyspepsia secondary to Nonsteroidal anti-inflammatory drugs (NSAID) therapy. The patient was noted to be on the medication since 2011. There was lack of documentation of the efficacy of the medication. There was a lack of documentation that the patient had signs and symptoms of dyspepsia to support ongoing use. Given the above, the request for Omeprazole 20 mg #60 is not medically necessary.