

Case Number:	CM13-0014487		
Date Assigned:	10/11/2013	Date of Injury:	07/02/2002
Decision Date:	01/23/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	08/27/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, 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 physician 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.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 56-year-old with a 7/2/2002 injury date. She has been diagnosed with lumbar radiculitis; myofascial syndrome; chronic pain syndrome; prescription narcotic dependence; failed back syndrome; and depression related to chronic pain. The IMR application shows a dispute with the 8/5/13 UR decision, which was by [REDACTED] and is a modification that allows the use of Suboxone, metaxalone, and a reevaluation, but denies the UDT (Urine Drug Test), Lyrica and modifies the Buspar from #60 to #45. The 7/16/13 PR2 from [REDACTED] requests a UDT and to continue Lyrica 1 qam, and 2qhs for neuropathic pain and BuSpar, bid for anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

One urine drug screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Steps to Avoid Opiod Misuse Page(s): 94-95. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The Physician Reviewer's decision rationale: The issue appears to be the frequency of UDT (Urine Drug Test). The Chronic Pain Medical Treatment Guidelines does not specifically discuss the frequency that UDT's should be performed. The ODG is more specific

on the topic and states, "Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. The patient has had 6 UDT's from [REDACTED] from 7/16/12 through 12/11/12, which were negative for the prescribed medications, but the physician did not discuss, nor use the results of the aberrant testing to modify the treatment plan. In 2013, there are UDT reports from a different facility, [REDACTED] [REDACTED], from 6/25/13 and 8/6/13, both were consistent for suboxone and both negative for Lyrica. The 6/25/13 and 7/16/13 medical reports do not discuss whether the patient is at high-risk for aberrant drug behavior, nor does the physician appear to use the information to modify the treatment plan. Despite the UDT showing the patient is not using the Lyrica, it is still refilled on 6/25/13 and 7/16/13. The ODG guidelines indicate that patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only." The frequency of the UDS is not in accordance with ODG guidelines. The request for one urine drug screen is not medically necessary or appropriate.

Buspar 15mg, 60 count: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA Boxed Label and the website Drugs.Com.

Decision rationale: The Physician Reviewer's decision rationale: The Chronic Pain Medical Treatment Guidelines, the ODG and the ACOEM did not appear to discuss BuSpar. The FDA/Boxed label states that the drug is for short-term relief of anxiety, but not anxiety or tension associated with the stress of every day life. The progress notes state it helps with anxiety, but there is no discussion of the patient's anxiety and the progress notes do not list a diagnosis containing anxiety. The use of BuSpar is not in accordance with the FDA indications. The request for Buspar 15mg, 60 count, is not medically necessary or appropriate.

Lyrica, 75mg, 90 count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica®) Page(s): 16-17.

Decision rationale: The Physician Reviewer's decision rationale: There is no reporting that Lyrica has helped the patient's pain or resulted in improved function or a better quality of life. The UDT appears to show the patient is not taking the medication as directed. Lyrica was not detected in the 6/25/13 or 8/6/13 drug screens. The Chronic Pain Medical Treatment Guidelines

do not support continuing medications that do not provide a satisfactory response. The request for Lyrica, 75mg, 90 count, is not medically necessary or appropriate.