

Case Number:	CM13-0019520		
Date Assigned:	12/11/2013	Date of Injury:	01/20/2009
Decision Date:	02/05/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	09/03/2013

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 Interventional Spine 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. 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:

This is a 37 year-old male with a 1/20/09 industrial injury claim. His diagnoses, as of 12/2/13, include: cervical spine, strain, myofascitis, upper extremity radiculopathy; lumbar surgery x2 with fusion for L5/S1 and disc replacement of L4/5; anxiety and distress; sleep disorder; basal cell carcinoma, elevated BP and weight gain. The 8/21/13 UR decision recommends non-certification for use of Nucynta ER, gabapentin, Skelaxin, a UDG, Labs including CBC and CMP; and prospective UDT x4 once each quarter for a year. The CID decision was based on the 7/31/13 medical report, which unfortunately was not provided for this IMR.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta ER 250mg#60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-term Opioid use Page(s): 88-89.

Decision rationale: MTUS guidelines, for long-term users of opioids, states: "Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of

function, or improved quality of life." MTUS does not require weaning or discontinuing treatment for pain, if there is a satisfactory response. The request appears to be in accordance with MTUS guidelines.

Gabapentin 600 mg #120: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neurontin Page(s): 18-19.

Decision rationale: MTUS guidelines states gabapentin is a first-line treatment for neuropathic pain. The request appears to be in accordance with MTUS guidelines

Skelaxin 800 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP" The 10/21/13 report from the treating physician states he is discontinuing Skelaxin. The UR letter states the patient was on muscle relaxants since 2011. However, the earliest report available for this IMR is dated 8/5/13 from [REDACTED], who documents muscle relaxants being used on that date, but the patient could not remember the name of the muscle relaxant. I do not have the 7/13/13 report, that UR based their decision off of, so I do not have a rationale for what was prescribed on 7/13/13. I do not have any reports prior to 8/5/13 to determine what muscle relaxant the patient was taking and the duration of use. I am unable to determine whether Skelaxin was used for short-term treatment of an acute exacerbation of chronic back pain. The treating physician states he is aware that they are not to be used over 2-3 weeks, and discontinued the Skelaxin on his 10/21/13 report. There is not enough information available to determine if the use of Skelaxin on the 7/13/13 report was in accordance with MTUS recommendations

Urine drug screen between 007/31/2013 and 10/18/2013: Overturned

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 ODG-TWC Guidelines, online, Pain chapter for Urine Drug Testing.

Decision rationale: MTUS does not provide a discussion on the frequency of UDT. ODG states: "Frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument" I was not able to find any documentation of such testing instrument, or any discussion on whether the physician felt the patient was at low, moderate or high risk. ODG states for "Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter" and "Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. This includes patients undergoing prescribed opioid changes without success, patients with a stable addiction disorder, those patients in unstable and/or dysfunction social situations, and for those patients with comorbid psychiatric pathology." The patient's diagnosis includes comorbid psychiatric pathology, which could presumably place him at "moderate risk" for screening 2-3 times per year. The UDT performed on 7/31/13 appears to be the 2nd UDT for 2013, and appears to be in accordance with MTUS guidelines, and the frequency appears consistent with ODG criteria.

1 Lab Test to include a complete blood count (CBC) and comprehensive metabolic panel between 007/31/2013 and 10/18/2013: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Michigan Automated Prescribing Service (MAPS) search: <https://sso.state.mi.us> looking for evidence of medication non-adherence, misuse, or diversion. University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including P

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: MTUS does discuss Skelaxin, and states to use caution in patients with renal or hepatic failure. The Boxed label for Nucynta, gives warnings on use in patients with impaired hepatic or renal function. It appears that checking liver and kidney function, at least for baseline for these medications would be indicated to rule out contraindications. According to LC4610.5(2) "Medically necessary" and "medical necessity" mean medical treatment that is reasonably required to cure or relieve the injured employee of the effects of his or her injury and based on the following standards, which shall be applied in the order listed, allowing reliance on a lower ranked standard only if every higher ranked standard is inapplicable to the employee's medical condition: (A) The guidelines adopted by the administrative director pursuant to Section 5307.27.; (B) Peer-reviewed scientific and medical evidence regarding the effectiveness of the disputed service.; (C) Nationally recognized professional standards.; .; (D) Expert opinion.; (E) Generally accepted standards of medical practice.; (F) Treatments that are likely to provide a benefit to a patient for conditions for which other treatments are not clinically efficacious. In this case, the highest ranked standard is likely the boxed label warnings or (C) Nationally recognized professional standards. The CBC and CMP would appear reasonable to monitor or rule out liver and kidney function when the patient is on Nucynta and/or Skelaxin, and would be considered a professional standard.

Urine drug screen once each quarter for 1 year between 007/31/2013 and 10/18/2013:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Michigan Automated Prescribing Service (MAPS) search: <https://sso.state.mi.us> looking for evidence of medication non-adherence, misuse, or diversion. University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including P

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation ODG-TWC Guidelines, online, Pain chapter for Urine Drug Testing

Decision rationale: MTUS does not provide a discussion on the frequency of UDT. ODG states: "Frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument" I was not able to find any documentation of such testing instrument, or any discussion on whether the physician felt the patient was at low, moderate or high risk. ODG states for "Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter" and "Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. This includes patients undergoing prescribed opioid changes without success, patients with a stable addiction disorder, those patients in unstable and/or dysfunction social situations, and for those patients with comorbid psychiatric pathology." The patient's diagnosis includes comorbid psychiatric pathology, which could presumably place him at "moderate risk" for screening 2-3 times per year. The UDT performed on 7/31/13 appears to be the 2nd UDT for 2013. The request for 4 UDT per year will exceed the frequency of UDTs outlined under ODG guidelines for moderate risk. The request is not in accordance with ODG guidelines.