

Case Number:	CM13-0020742		
Date Assigned:	10/11/2013	Date of Injury:	06/05/2008
Decision Date:	02/04/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	09/05/2013

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, and is licensed to practice in Illinois. 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:

The patient is a 40-year-old male who reported an injury on 06/05/2008. The mechanism of injury was noted to be that the patient was rolling a dolly out of a truck. The dolly became stuck, and the patient pulled the dolly; and when the dolly was released, the dolly started to fall, and the patient caught it. The dolly weighed approximately 200 pounds, and the patient was noted to hurt his back. The patient was noted to undergo a microlumbar decompressive surgery on 09/01/2011 and a fusion on 01/10/2012 at L5-S1. The patient was noted to have 2 epidural steroid injections with temporary relief. The patient was noted to be taking Prilosec 10/325 mg at 5 per day, Prilosec 20 mg 1 per day, Norflex 2 per day and Cymbalta 60 mg 1 per day. The patient was noted to have a history of irritable bowel syndrome. The patient was noted to have labs from [REDACTED] dated 05/21/2012, which revealed that the patient had liver and kidney functions within normal limits, and all remaining lab values were within normal limits with the exception of RDW (red cell distribution width), which was 15.1. The patient's diagnoses were noted to include status post posterior spinal fusion and transforaminal lumbar interbody fusion on 01/10/2012, MLD (masking level difference) at L4-5 on 09/01/2011 and lumbar radiculopathy involving the right L5 and S1 nerves as well as chronic pain syndrome. The request was made for medication refills, 1 blood test for liver and kidney function and 1 urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325mg, 225 count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone /Acetaminophen Section and the Ongoing Management Section Page(s): 91;78.

Decision rationale: The Physician Reviewer's decision rationale: The the Chronic Pain Medical Treatment Guidelines recommend hydrocodone/acetaminophen for moderate to moderately severe pain; and they indicate that for ongoing management, there should be documentation of the 4 A's, including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The clinical documentation submitted for review failed to provide documentation of the 4 A's. Given the above, the request for hydrocodone/APAP 10/325 mg #225 is not medically necessary. The request for Hydrocodone/APAP 10/325mg, 225 count, is not medically necessary or appropriate.

One blood test for liver and kidney function: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non-steroidal anti-inflammatory drugs) Page(s): 70.

Decision rationale: The Physician Reviewer's decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that the package inserts for NSAIDs recommend periodic laboratory monitoring of CBC (complete blood count) and chem profile, including liver and renal function tests, and there has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration was not established. The clinical documentation submitted for review indicated that the patient had a liver and kidney function test within normal limits on 05/21/2012, and there was a lack of documentation indicating the necessity for a second test. It was noted that the physician requested a blood test to be drawn to safely measure the patient's medication regimen. However, there was a lack of documentation of exceptional factors to warrant a repeat test. The request for one blood test for liver and kidney function is not medically necessary or appropriate.

One 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 Section Page(s): 78.

Decision rationale: The Physician Reviewer's decision rationale: The Chronic Pain Medical Treatment Guidelines indicates that the use of urine drug screening is for patients with documented issue of abuse, addiction, or poor pain control. The clinical documentation

submitted for review failed to indicate that the patient had documented issues of abuse, addiction or poor pain control. The patient had been noted to be on Norco 10/325 for a duration of time. There was a lack of documentation indicating the necessity for the request. The request for one urine drug screen is not medically necessary or appropriate.

Cymbalta, 60mg, 30 count with three refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta Page(s): 15.

Decision rationale: The Physician Reviewer's decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that Cymbalta is FDA-approved for anxiety, depression, diabetic neuropathy and fibromyalgia and is used off-label for neuropathic pain and radiculopathy. There is noted to be no high quality evidence reported to support the use of duloxetine for lumbar radiculopathy. The clinical documentation submitted for review failed to provide the rationale for the use of the medication. Additionally, it failed to provide documentation of the efficacy of the requested medication as this was noted to be a refill. The request for one prescription of Cymbalta, 60mg, 30 count with three refills, is not medically necessary or appropriate.

One prescription of Omeprazole, 20mg, 60 count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: The Physician Reviewer's decision rationale: The Chronic Pain Medical Treatment Guidelines recommends PPIs (proton pump inhibitors) for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review failed to indicate that the patient had signs or symptoms of dyspepsia secondary to NSAID therapy. Additionally, there was a lack of documentation of the efficacy of the requested medication. The request for one prescription of Omeprazole, 20mg, 60 count, is not medically necessary or appropriate.

One prescription of Orphenadrine Citrate, 100mg, 120 count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Orphenadrine Page(s): 63-64.

Decision rationale: The Physician Reviewer's decision rationale: The Chronic Pain Medical Treatment Guidelines recommend orphenadrine citrate as an antispasmodic to decrease muscle spasms in conditions such as low back pain. The physical examination failed to indicate that the patient had muscle spasms. Additionally, it failed to provide the efficacy of the requested medication as this was noted to be a refill. The request for one prescription of Orphenadrine Citrate, 100mg, 120 count, is not medically necessary or appropriate.