

Case Number:	CM13-0023849		
Date Assigned:	11/15/2013	Date of Injury:	12/28/1994
Decision Date:	02/19/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/12/2013

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 Occupational Medicine 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:

The patient is a represented [REDACTED] employee who has filed a claim for chronic low back pain, lower extremity/radiculopathy, and hypertension reportedly associated with an industrial injury of December 28, 1994. Thus far, the patient has been treated with the following: Analgesic medications; adjuvant medications; attorney representation; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report of August 26, 2013, the claims administrator partially certified a request for Lyrica, seemingly for weaning purposes, while denying a request for monthly urine drug testing. The patient's attorney later appealed. A clinical progress note of September 19, 2013, is notable for comments that the applicant was asked to continue Lyrica for neuropathic pain, transfer of care to another physician was endorsed. The patient remains off of work, on total temporary disability, it was further noted. The patient's medication list included Zestoretic, allopurinol, Norvasc, Prozac, Provigil, and testosterone. The patient was described as using a cane to move about. Epidural steroid injection therapy, urine drug testing, and Lyrica were seemingly endorsed. An earlier progress note of February 7, 2013, is notable for comments that the patient does have a history of dependency with opioid medications which he detoxed off of two to three years prior.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Urine and drug test for each monthly visit between 08/20/2013 and 9/2/2013: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: While Page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse intermittent Urine Drug testing in the chronic pain population, the MTUS does not establish specific parameters for or a frequency with which to perform Urine Drug testing. As noted in the ODG Chronic Pain Chapter Urine Drug testing topic, those applicants who are at higher risk for drug abuse, misuse, and/or diversion do require more frequent drug testing. In this case, the applicant does have a seeming history of opioid dependence. He is therefore a candidate for more frequent urine drug testing. Accordingly, the original utilization review decision is overturned. The request is certified, on Independent Medical Review.

Lyrica 75mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

Decision rationale: While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse usage of Lyrica or Pregabalin as a first-line treatment for neuropathic pain, as is present here, in this case, the applicant appears to have used Lyrica for some time and has failed to affect any lasting benefit or functional improvement through prior usage of the same. There is no evidence of improved work status or diminished work restrictions effected as a result of prior usage of Lyrica. The applicant does not appear to have returned to work and remains off of work, on total temporary disability, several years removed from the date of injury. The applicant continues to remain reliant on various forms of medical treatment, including medications, epidural injections, etc. Continued usage of Lyrica is not indicated in this context. Therefore, the request is not certified.