

Case Number:	CM13-0029212		
Date Assigned:	03/17/2014	Date of Injury:	05/22/1997
Decision Date:	08/07/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/24/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, and is licensed to practice in New York and Texas. 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 injured worker is a 50-year-old who had a work-related injury on May 22, 1997. The injured worker twisted her back while lifting a client. She noted immediate lower back pain radiating down the left leg. The injured worker went on to have an anterior discectomy with fusion at L4-5. The injured worker has had physical therapy, pain medication, nonsteroidal anti-inflammatory medications, anticonvulsants, anti-depressants. In reviewing the clinical documents submitted, there is no documentation of visual analog scale pain scores with or without medication. No documentation of functional improvement on the medication. She has had several urinary drug screens and there has been some inconsistencies notably for cocaine on 2 of the urinary drug screens. Physical examination reveals bilateral tenderness and spasm of the L3-L5 paraspinus muscles. Motor examinations 5+ and equal in regards to the lower extremities. There is pain with extension of the back, localized into the lumbar facet joints. There is pain with palpation of the sacroiliac joints. There is negative FABER's sign bilaterally. Examination of the lumbar spine shows decreased range of motion. Extension is at 0 degrees, flexion is at 30 degrees, bilateral lateral bending is at 5 degrees, and rotation is at 10 degrees. Spasm of the left paraspinus and over the sacroiliac joints. Decreased sensation to pinprick along the left lateral leg. Deep tendon and ankle reflexes are decreased at the bilateral lower extremities. MRI dated December 22, 2013 anterior and posterior fusion at L4-5 with small amount of granulation tissue on the left anterior margin of the thecal sac. Diagnoses include lumbar radiculopathy and post-laminectomy syndrome lumbar region. Prior utilization review on September 6, 2013, the Norco was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 OPIOIDS, STEPS TO AVOID MISUSE/ADDICTION Page(s): 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Urine drug testing (UDT).

Decision rationale: The clinical documentation submitted for review does not support the request for urine drug screen. She has had several urinary drug screens and there has been some inconsistencies notably for cocaine on 2 of the urinary drug screens. Considering that the injured worker has been using illegal drugs, her prescribed medications that need to be monitored should be discontinued, and further urine drug testing would no longer be medically necessary. Therefore, the request for one urine drug screen is not medically necessary or appropriate.

Ketoprofen/Lidocaine/Cyclobenzaprine/Menthol crme, quantity of two: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Compound drug(s).

Decision rationale: The current evidence based guidelines do not support the request. California Medical Treatment Utilization Schedule, the Official Disability Guidelines and US FDA do not recommend the use of compounded medications as these medications are noted to be largely experimental in use with few randomized controlled trials to determine efficacy or safety. Further, the FDA requires that all components of a transdermal compounded medication be approved for transdermal use. This compound contains: Ketoprofen and cyclobenzaprine which have not been approved by the FDA for transdermal use. Any compounded product that contains at least one drug (or drug class) that is not recommended and therefore not medically necessary. The request for Ketoprofen/Lidocaine/Cyclobenzaprine/Menthol crme, quantity of two, is not medically necessary or appropriate.

Norco 10/325mg, 150 count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-80. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN CHAPTER, OPIOID'S.

Decision rationale: The clinical documentation submitted for review and current evidence based guidelines do not support the request. The injured worker has inconsistencies in urine drug screen. There is no documentation of visual pain scale pain scores with or without medication. No documentation of functional improvement on the medication. Therefore, the request for Norco 10/325mg, 150 count, is not medically necessary or appropriate.

Docuprene: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Opioid-induced constipation treatment.

Decision rationale: The request is predicated on the request for Norco. As this has not been found to be medically necessary, the subsequent request is not medically necessary.