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| Case Number: | CM13-0042115 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 03/13/2007 |
| Decision Date: | 04/24/2014 | UR Denial Date: | 09/13/2013 |
| Priority: | Standard | Application Received: | 10/17/2013 |

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 & 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 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:

This is a 37year-old female with a 3/13/07 industrial injury claim. She has been diagnosed with lumbar sprain/strain; depression/anxiety; dysthymic disorder. On 9/14/13 UR recommended non-certification for a urine drug screen from 9/9/13-10/27/13; use of Norco 5/500mg from 9/9/13-10/27/13; use of capsaicin 60gr from 9/9/13-10/27/13 and use of neurontin from 9/9/13-10/27/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINE ANALYSIS BETWEEN 9/9/13 AND 10/27/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The Expert Reviewer's decision rationale: The patient presents with low back pain, depression and anxiety. I have been asked to review for a UDT. The records show the patient underwent UDTs on 10/15/12, 11/12/12, 12/10/12, 1/9/13, 3/25/13, 5/6/13, and 6/17/13, The issue appears to be the frequency of UDT. MTUS does not specifically discuss the frequency that UDT should be performed. 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. There is no mention of the patient being above low risk, and the UDT appear consistent with the medications the patient has been prescribed. ODG guidelines state that for patient's at low risk, testing can be within 6 months of initiation of therapy, then on a yearly basis thereafter. The request for UDT is not in accordance with the frequency listed under ODG guidelines.

NORCO 5/500MG BETWEEN 9/9/13 AND 10/27/13: Upheld

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 PAIN OUTCOMES Page(s): 8-9.

Decision rationale: The Expert Reviewer's decision rationale: The patient presents with chronic back pain and depression/anxiety. I have been asked to review for necessity of Norco 5/500mg from 9/9/13-10/27/13. The available progress notes for this timeframe are in check-box format and do not discuss efficacy of Norco. The handwritten notes appear to show the physician or patient would like to wean off Norco. MTUS on page 9 states "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement" , and on page 8 states "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." There is no reporting on efficacy of the medications, the documentation does not support a satisfactory response. There is no mention of improved pain, or improved function or improved quality of life with the use of Norco. MTUS does not recommend continuing treatment if there is not a satisfactory response.

60 GRAMS OF CAPSAICIN BETWEEN 9/9/13 AND 10/27/13: 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): 111-113.

Decision rationale: The Expert Reviewer's decision rationale: The patient is reported to have back pain and depression. I have been asked to review for an incomplete prescription of capsaicin. The 7/29/13 PR2 states the pain with cream is 4/10 and without is 8/10. She apparently uses the cream over the lumbar spine. This is an incomplete prescription for capsaicin. The strength/concentration of capsaicin is not listed. MTUS has some recommendations for the 0.025% capsaicin for OA, but not for 0.0375%. For neuropathic pain, there is some support for the 0.075% capsaicin, but the patient is not reported to have

neuropathic pain. Without a complete prescription with the concentration of capsaicin, it cannot be compared to the recommended concentrations provided in MTUS. I cannot confirm that the incomplete prescription is in accordance with MTUS guidelines.

60 NEURONTIN 300MG BETWEEN 9/9/13 AND 10/27/13: Upheld

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.

Decision rationale: The Expert Reviewer's decision rationale: The patient presents with low back pain and depression/anxiety. I have been asked to review for necessity of Neurontin. This is an anti-epileptic medication, and MTUS has recommendations for neuropathic pain. The progress notes do not show the patient has neuropathic pain nor epilepsy. She appears to have been on Neurontin for a while, but there is no discussion of efficacy. If the patient did have neuropathic pain, MTUS states there should be at least a 30% reduction in pain for a moderate response to continue Neurontin. The available reporting does not document neuropathic pain and does not document efficacy. I am not able to confirm that the continued use of Neurontin is in accordance with MTUS recommendations.