

Case Number:	CM13-0042772		
Date Assigned:	12/27/2013	Date of Injury:	03/05/2004
Decision Date:	03/05/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/18/2013

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:

The patient is a 53 year old male with date of injury on 03/05/2004. Progress report dated 09/23/2013 by [REDACTED] indicates that the patient's diagnoses include: 1. Lumbar radiculopathy. 2. Chronic pain syndrome. 3. Chronic pain related insomnia. 4. Myofascial syndrome. 5. Neuropathic pain. 6. Chronic pain related depression. 7. Prescription narcotic dependence. The patient continues with right-sided low back pain. He states the Norco gives him 30% pain relief and allows him to do more. He states that the Sinralyne-PM is helping him to sleep without the daytime drowsiness of the Elavil. The patient's pain level today is 6/10. With medications, it is 6/10 and without medications, it is an 8/10. His pain is on average is 7/10. Objective findings included urine drug screen dated 08/19/2013 which appeared to be consistent with the patient's medication use. The utilization review letter dated 10/01/2013 indicates a noncertification for: 1. Urine drug screen. 2. Sinralyne-PM. 3. Norco 10/325 #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Steps to Avoid Opioid Misuse Page(s): 94-95.

Decision rationale: The patient continues with right-sided low back pain. The progress report dated 09/23/2013 indicates that the patient had a consistent urine drug screen on 08/19/2013. However, the progress report dated 10/21/2013 states that the patient's last urine drug screen was positive for cocaine. It was also noted that the patient had a positive for cocaine on a urine drug screen several months ago. MTUS Guidelines page 94 and 95 recommends frequent random urine toxicology screens for patients who are at high risk of abuse. As the records appear to indicate, this patient has had multiple urine drug screens positive for cocaine, does qualify for the patient to be considered at a high risk of abuse. Therefore, authorization is recommended.

Sintralyne PM: 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 Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pharmacological Treatment, Benzodiazepines.

Decision rationale: The records appear to indicate that the patient is using Sintralyne-PM to help with insomnia which is helping the patient to sleep without the daytime drowsiness of the Elavil. MTUS page 111 states that any compounded product that contains at least 1 drug class that is not recommended is not recommended. Sintralyne-PM contains melatonin/gamma-aminobutyric acid/herbal complex No. 183. After research attempts through the internet regarding herbal complex No. 183, it is unclear what this complex contains. This compounded formulation contains an herbal complex which is not FDA approved for medical treatment; therefore, it cannot be recommended as medically necessary. Recommendation is for denial.

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to discontinue Opioids Page(s): 79-80.

Decision rationale: The patient continues with right-sided low back pain, which he states is relieved by 30% with Norco. However, the records indicate the patient has had more than 1 positive urine drug screen for cocaine. MTUS Guidelines page 79-80 regarding when to discontinue opioids mentions that if there are repeated violations from the medication contract or any other evidence of abuse, addiction, or possible diversion, it has been suggested that a patient show evidence of a consult with a physician that is trained in addiction to assist the ongoing situation and recommend possible detoxification. The progress report dated 10/21/2013 indicates that the treating physician has discussed the results of the positive cocaine on the

patient's urine drug screen. The treater indicates that the patient will most benefit from a narcotic detoxification and functional restoration program. Request for continuation of Norco for this patient is not recommended as there appears to be serious non-adherence to the patient's opioid pain agreement. Recommendation is for denial.