

Case Number:	CM13-0052976		
Date Assigned:	12/30/2013	Date of Injury:	08/17/2001
Decision Date:	05/06/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/18/2013

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 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:

The injured worker is a 70-year-old female with a date of injury of 08/17/2001; the mechanism of injury was not provided. The injured worker had diagnoses including low back pain; lumbosacral spondylosis without myelopathy; and thoracic or lumbosacral neuritis or radiculitis unspecified. The injured worker presented on 04/25/2013 for an office visit and complained of low back pain rating at 4/10, with stiffness and radiation down the left leg. Past treatments have included labs and prescription medication. The injured worker reported that the pain worsened upon back extension, back flexion, hip extension, hip flexion, hip rotation, standing, and sitting. The injured worker had relief with rest, as well as medications. Upon physical examination of the lumbar spine, there was tenderness across the lumbosacral area of the spine; positive straight leg raise on the left side; intact sensory examination; and 1+ deep tendon reflexes at bilateral knees. Lumbosacral exam revealed pain to palpation over the L3-4, L4-5, and L5-S1 facet capsules bilaterally; pain with rotational extension indicative of facet capsular tears bilaterally; and secondary myofascial pain with triggering and ropey fibrotic bending bilaterally. The injured workers medication regimen included simvastatin, Norco, metformin, Lyrica, lisinopril, Inderal, Butrans, Topamax, and aspirin. The injured worker reportedly underwent lumbar transforaminal left-sided L5-S1 and left S1 epidural steroid injections on 08/01/2012. The treating physician indicated Butrans was prescribed to taper off the Norco to help minimize the use of narcotics. The treatment plan was to continue medications. Urine drug screen performed on 05/28/2013 was positive for Butrans, Norco, and Vicodin; Butrans and Norco were consistent with the prescribed medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

BUTRANS 10MCG #4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26.

Decision rationale: The CA MTUS Guidelines state Buprenorphine (BUTRANS) is recommended for treatment of opiate addiction; also those with a history of opiate addiction. The request for Butrans 10 mcg #4 is non-certified. The treating physician's treatment plan indicated that the injured worker would continue medications as listed and had no signs of illicit drug abuse or diversion. The guidelines recommend the medication for treatment of opiate addiction or for those who have a history of opiate addiction. Given that there was a lack of information included in the clinical submitted for review to indicate that the injured worker had or has had an opiate addiction, the request is non-certified.

LYRICA 75MG #60 WITH THREE (3) REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16.

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

Decision rationale: The CA MTUS Guidelines state Lyrica (FDA approved) is effective in treatment of diabetic neuropathy and postherpetic neuralgia; considered first-line treatment for both. The request for Lyrica 75 mg #60 is non-certified. The documentation submitted for review did not indicate any objective findings of diabetic neuropathy, as well as any co-morbidity that indicated diabetes. In addition, there was no evidence of functional improvement. As such, the request is non-certified.

NORCO 10/325MG #120: 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): 75.

Decision rationale: The CA MTUS Guidelines state Norco is effective method in controlling chronic pain as well as for intermittent or breakthrough pain. The guidelines recommend ongoing monitoring for analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The request for Norco 10/325 mg #120 is non-certified. The injured worker did

present with ongoing pain and the guidelines do support the use of Norco for controlling chronic pain, but do not recommend continued use of opioid medications without evidence of functional improvement. The clinical information provided for review failed to document improvement as a result of the requested medication. Given the above, the request is non-certified.

URINE DRUG SCREEN (UDS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

Decision rationale: The CA MTUS Guidelines state urine drug testing is recommended to assess for the use or the presence of illegal drugs, steps to take before a therapeutic trial of opioids, on-going management of opioids, screening for risk of addiction; & steps to avoid misuse/addiction. The request for the urine drug screen is non-certified. The frequency at which UDS is recommended is not known and there were no aberrant behaviors noted. As such, the request is non-certified.