

Case Number:	CM13-0054850		
Date Assigned:	12/30/2013	Date of Injury:	05/16/2009
Decision Date:	04/28/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	11/15/2013

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 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 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 male with a date of injury 5/16/2009. Per the primary treating physician's progress report the patient complains that he is in distress. He was seen recently on an urgent basis stating that Tylenol #4 was making him sick and was not helping his pain. He had been prescribed Subutex to take over the weekend to prevent withdrawals. He reports that he took \hat{A} ½ a pill (1 mg) and it made him completely loopy and forgetful. He then took Tylenol #4 again because he had nothing else and it was better than the Subutex. He complains of the same pain, which is a severe crushing, aching, throbbing pain in the left arm and hand. He also complains of pain in the waist and back and also of headaches. He states that his pain is rated 9/10 and has averaged 9/10 over the preceding week. Without pain medications it is 10/10 and with medications it is 5-6/10. On exam BP is 13/78, Pulse 78, Respirations 12, Temperature 98.8, BMI 25.3 and Fat 21.5%. His diagnoses include, status post motor vehicle accident (not involving another motor vehicle) with subsequent explosion and fire; burn (70-79% of body surface) ;Chronic pain syndrome; prescription narcotic dependence; chronic pain related insomnia; chronic pain related anxiety; chronic pain related depression.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System

Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009) pg. 10.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, Opioids Page(s): 43, 112.

Decision rationale: The use of urine drug screening is supported by the MTUS Chronic Pain Medical Treatment Guidelines, in particular when patients are being prescribed opioid pain medications and there are concerns of abuse, addiction, or poor pain control. In this case, the injured worker is diagnosed with prescription narcotic dependence, and has been prescribed different pain medications in search of an effective regimen. The patient is frequently seeking care in distress, and finding an effective regimen to treat the injured worker has been a challenge. The claims administrator feels that the risk of abuse or diversion has not been adequately evaluated by the primary treating provider, and that previous testing and clinical notes do not report aberrant behaviour with the exception of increasing the dose of medications beyond the prescribed dose. The injured worker remains in a situation where he is dependent on pain medications, does not have well controlled pain, and is frequently seeking care in distress. Urine drug screening is one option the treating provider has to verify that the injured worker continues to comply with their therapeutic agreement. The claims administrator determined risk to be low, and therefore testing should only be requested every 6 months. In this review, however, the risk is determined to be high enough to justify more frequent testing. The previous test was in August 2013, and the request for this test was in October 2013. The request for urine drug screen is medically necessary and appropriate.

PERCOCET 10/325MG #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

Decision rationale: The injured worker has poorly controlled pain, and has had multiple pain medications denied by the claims administrator. The treating provider is seeking an appropriate treatment plan to manage this injured worker's pain which has led to frequent office visits in distress. The requesting provider has taken adequate precautions in utilizing opioid pain medications for the injured worker. The request for Percocet 10/325 mg #30 is medically necessary and appropriate.

INTRAMUSCULAR INJECTION OF ZEEL 2CC AND TRUAMELL 2CC: 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 The Homeopathic Antiarthritic Preparation Zeel comp.

N: A Review of Molecular and Clinical Data, Explore, Vol 3 (1), Jan 2007.; Niederhuber: Abeloff's Clinical Oncology, 5th ed., Chapter 33, Saunders (2013).

Decision rationale: The cited references report that these medications are homeopathic preparations. There are some clinical studies with weak support for the use of Zeel for arthritic pain, and Traumeel for pain caused by mucositis that occurs as a result of cancer treatments. Neither of these conditions are present in this injured worker and there is not an argument or reason provided for why these non recommended treatments would be needed for the patient. The request intramuscular Zeel 2cc and Traumeel 2 cc is not medically necessary and appropriate.

LYRICA 150MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16-20.

Decision rationale: The Chronic Pain Medical Treatment Guidelines support the use of Lyrica for the treatment of diabetic neuropathy and postherpetic neuralgia. Antiepileptic drugs are recommended for the treatment of neuropathic pain. The injured worker does not appear to have neuropathic pain based on the clinical reports, and there is not sufficient reasoning provided by the requesting provider on why Lyrica should be considered necessary. The injured worker has been on this medication for substantial time without documentation of the benefit received from it. The guidelines define a good response as a 50% reduction in pain and a moderate response as a 30% reduction. Antiepilepsy drugs are also recommended if they are successful in reducing the use of opioid pain medications, which has not been documented. It is noted that Lyrica should not be discontinued abruptly, and that weaning should occur over a one-week period. This request is not for a weaning dose however. The request for Lyrica 150 mg #90 is not medically necessary and appropriate.