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| Case Number: | CM13-0054883 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 03/08/2002 |
| Decision Date: | 04/03/2014 | UR Denial Date: | 10/30/2013 |
| Priority: | Standard | Application Received: | 11/20/2013 |

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 Pain Management, has a subspecialty in Disability Evaluation and is licensed to practice in California, District of Columbia, Florida, and Maryland. 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:

This is a 61-year-old male who suffered an industrial injury on 2/8/2002. The nature of accident and the details of initial injuries could not be found. According to the records, the patient has low back pain which radiates to the lower extremities, and there is a history of diagnosed lumbar disc herniation and radiculopathy. However, there are no objective findings that support a diagnosis of neuropathy, and the MRI does not show neural compression. Recent urine testing showed that the patient is not using the medication as directed. On his most recent medical evaluation dated 10/21/2013 he was given the treatment plan which included: Urine drug screening, Gabapentin 600mg # 60, vitamin D3 5000units; and Norco 10/325 #90. The items listed in the above treatment plan are currently up for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, steps to avoid misuse/addiction. 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 Opioids, Urine drug Testing Page(s): 77,85. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic)(Updated 3/18/2014)Opioids, UDT, Tools for Risk Stratification and Monitoring

Decision rationale: According to the records, this patient is almost every month or every visit having his urine analyzed. The records do not document abuse. There is no documentation indicating that the patient has tendency towards addiction or dependence. Evidence based guidelines recommend quantitative urine drug screening occur with opiate therapy at initiation of treatment, and on a biannual basis thereafter if no risk factors are present. If risk factors for potential abuse are present such as history of substance abuse, borderline personality disorder, mood disorders, not returning to work for more than six months, or poor response to opiates in the past frequent random screening is appropriate, but in this patient, this is not the case. Looking at the frequency and logical needs the urine drug testing is not medically necessary.

Gabapentin 600mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anticonvulsants, Gabapentin Page(s): 18-19. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Chronic, Anticonvulsants, Gabapentin.

Decision rationale: Guidelines recommend Gabapentin for neuropathic pain, and recommend a 30% reduction in pain to warrant continuation. According to the records, the patient has low back pain which radiates to the lower extremities, and there is a history of diagnosed lumbar disc herniation and radiculopathy. However, there are no objective findings that support a diagnosis of neuropathy, and the MRI does not show neural compression. Recent urine testing showed that the patient is not using the medication as directed. Based on the foregoing, the request for Gabapentin 600mg # 90 is not medically necessary.

Vitamin D3 5000 units #10: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Chronic

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Chronic, Vitamin D3.

Decision rationale: Regarding the request for 10 Vitamin D3 5000 units, evidence based guidelines recommend consideration of this supplement in chronic pain patients. Findings are not clear cut, but deficiency may cause musculoskeletal pain. In this case, there is no evidence of a Vitamin D deficiency, and no objective findings of such a deficiency. ODG-TWC recommended

consideration in chronic pain patients and supplementation if necessary. Under study as an isolated pain treatment, and vitamin D deficiency is not considered a workers' compensation condition. Musculoskeletal pain is associated with low vitamin D levels but the relationship may be explained by physical inactivity and/or other confounding factors. Since there is no evidence that the patient's pain is due to a nutritional deficit, the use of this supplement is not medically warranted. Therefore, the request for 10 Vitamin D3 5000 units is not medically necessary.

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids. Decision based on Non-MTUS Citation Sanders SH, Harden RN, Vicente PJ. Evidence-based clinical practice guidelines for interdisciplinary rehabilitation of chronic nonmalignant pain syndrome patients. Pain Pract 2005 Dec, 5 (4): 303-15.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-77,82. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Chronic, Opioids, Norco.

Decision rationale: The patient has used Norco for at least one year, but no supportive objective findings have been documented in that time. Prior reviewers have recommended weaning due to a lack of functional improvement and inconsistent urine screening results. For long term use, continued reduction of pain and increased function must be continually documented, along with monitoring of adverse effects and screening for aberrant drug taking behavior. Along with the adverse effects associated with opioids, there is the potential for dependence and tolerance. The most recent drug testing that did not show Norco was inconsistent with the subjective account that stated that the patient would be in the emergency room without Norco. For these reasons, the continuation of the opiate therapy is not medically necessary. Prior reviewers have recommended weaning due to a lack of functional improvement and inconsistent urine screening results. Since the provider has not started a weaning program despite prior recommendations to do so, additional weaning medication is not necessary. Therefore, the request for 90 Norco 10/325mg is not medically necessary.