MAXIMUS Federal Services

Case Number:	CM13-0056968		
Date Assigned:	12/30/2013	Date of Injury:	09/14/1993
Decision Date:	04/01/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/25/2013

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 & Rehabilitation, and is licensed to practice in Texas. 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 57-year-old male who reported an injury on 09/14/1993. The mechanism of injury was not specifically stated. The patient is currently diagnosed with degeneration of the lumbar intervertebral disc, brachial neuritis or radiculitis, depressive disorder, insomnia, displacement of lumbar intervertebral disc without myelopathy, opioid dependence, primary localized osteoarthritis, lumbosacral spondylosis without myelopathy, and thoracic/lumbosacral neuritis/radiculitis. The patient was seen by [redacted] on 12/02/2013. The patient reported 5/10 pain. Physical examination revealed a non-antalgic gait, painful range of motion, tenderness to palpation, intact sensation, and 5/5 motor strength. The treatment recommendations included continuation of current medication including Lyrica and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Norco 10/325mg #180: Upheld

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

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

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain with radiation. There is no change in the patient's physical examination that would indicate functional improvement. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

1 prescription for Lyrica 75mg #180: Upheld

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

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

Decision rationale: The California MTUS Guidelines state antiepilepsy drugs are recommended for neuropathic pain. Lyrica has been documented to be effective in treatment in diabetic neuropathy and postherpetic neuralgia. As per the documentation submitted for review, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report 5/10 pain with radiation to bilateral upper extremities. There is no change in the patient's physical examination that would indicate functional improvement. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

1 urinalysis drug screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77, and 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Urine Drug Testing.

Decision rationale: The California MTUS Guidelines state drug testing is recommended as an option using a urine drug screen to assess for the use or presence of illegal drugs. The Official Disability Guidelines (ODG) state the frequency of urine drug testing should be based on documented evidence of risk stratification, including the use of a testing instrument. As per the documentation submitted for review, the patient's injury is greater than 20 years ago to date, and there is no evidence of noncompliance or misuse of medication. There is also no evidence that this patient falls under a high risk category that would require frequent monitoring. Therefore, the current request cannot be determined as medically appropriate. As such, the request is non-certified