

Case Number:	CM13-0060460		
Date Assigned:	12/30/2013	Date of Injury:	02/01/2005
Decision Date:	04/07/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/03/2013

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 Family Practice 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 58-year-old female who reported an injury on 02/01/2005. The mechanism of injury was a fall. The patient sustained injuries to her back and bilateral knees. Her course of treatment to date is unclear; however, it is noted that she received a total knee arthroplasty of the right knee in 05/2012. She received an appropriate course of postoperative physical therapy that was reportedly beneficial. It was noted however, that during physical therapy for the lower spine, the patient reported an increase in lower back pain. The clinical information submitted for review indicated that the patient has been utilizing Norco and lactulose since late 2012. The patient was noted to experience a significant improvement in early 2013, enabling her to increase her activity and experience a decrease in her depression. The information submitted for review also indicated that the patient had a spinal cord stimulator placed in 2009 with positive results; however, it was removed in early 2011 due to an infection after battery replacement. The patient remained on oral medications to control her pain and as a result of her chronic symptoms, and has developed psychiatric issues. During a psych evaluation, the patient was found to have underlying psychological and paranoid disorders, unrelated to the injury. The patient has been utilizing oral medications to control her pain as well as intermittent Toradol injections. There was no other clinical information submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 urine drug screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 88, 94.

Decision rationale: The California MTUS/ACOEM Guidelines recommend frequent random urine toxicology screens for those patients at a particularly high risk of opioid abuse. In addition, guidelines recommend that patients on ongoing opioid therapy be screened for compliance, if there is an indication that the patient may be misusing their medications. The clinical records submitted for review indicated the patient was urine drug tested 7 times in 2013, despite all results being consistent with prescribed medications. Also included in the medical records was a genetic analysis test that assessed the patient's predisposition to opioid abuse. This test showed that the patient tested positive for 7 out of 12 variances and was given a score of 23, placing her at high risk. However, none of the clinical notes submitted for review provided evidence that the patient was exhibiting aberrant drug behaviors, and her pain assessments revealed that she was receiving sufficient pain relief from medication use. With medications, the patient's pain levels were averaging anywhere from 5/10 to as low as 2/10. Although the patient's genetic testing revealed that she had a high possibility for opioid dependence and/or tolerance, lack of documentation of aberrant behaviors and evidence of consistent and compliant urine drug screens, provided no indication of the need for frequent testing. As such, the already completed 7 urine drug screens showing no abnormal results is excessive, and the medical necessity for 1 urine drug screen has not been established. As such, the request for 1 urine drug screen is non-certified.

1 prescription of Lactulose 10g/15ml solution: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

Decision rationale: The California MTUS/ACOEM Guidelines recommend prophylactic treatment of constipation when managing pain with opioids. As the patient had previously tried Colace and it was found to be ineffective, lactulose was prescribed and found effective. The patient has been utilizing lactulose to combat narcotic induced constipation for a considerable amount of time, with benefit. As she continues to utilize narcotic medications, it is appropriate that she continue with constipation prophylaxis. As such, the request for 1 prescription of lactulose 10 g/15 ml solution is certified.

1 prescription of Keto/Gaba/Lido ointment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The California MTUS/ACOEM Guidelines recommend topical analgesics to treat neuropathic and osteoarthritic pain. Guidelines also state that any compounded product containing one drug or drug class that is not recommended, deems the entire product not recommended. The California Guidelines do not recommend the use of topical ketoprofen, as it is non FDA approved due to its extremely high incidence of photocontact dermatitis. In addition, guidelines do not recommend topical gabapentin, as there is no peer reviewed literature to support its use. Furthermore, topical lidocaine in any formulation other than a dermal patch-creams, lotions or gels- is not indicated for use. As none of the medications in this compounded product are recommended by guidelines, the request for 1 prescription of Keto/Gaba/Lido ointment is non-certified.