

Case Number:	CM14-0013271		
Date Assigned:	02/26/2014	Date of Injury:	10/26/1998
Decision Date:	06/26/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/03/2014

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 Anesthesiology and is licensed to practice in Massachusetts, New Jersey, Connecticut, and 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 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 61-year-old female who sustained an injury on 10/26/96 when she slipped and fell injuring her left knee. The patient had prior surgical procedures for the left knee including anterior cruciate ligament (ACL) reconstruction. The patient also had post-operative rehabilitation. Further surgery for the left knee was also completed in 2003. Ultimately, the patient was assessed with chronic regional pain syndrome in the left lower extremity at the knee. The patient had been managed with multiple medications including Ultram, Norco, Lyrica, Lidoderm patches and Colace. The patient had multiple inconsistent urine drug screen findings in 2013. As of 10/20/13, the patient was followed for persistent chronic complaints of pain in the left knee. Medications included Ultram ER, Norco for breakthrough pain and Lyrica for neuropathic pain. During hotter weather, the patient utilized two to three Norco per day for breakthrough pain. The patient felt her pain was adequate with Ultram and Lyrica. Pain scores were rated 5/10 on Visual Analogue Scale (VAS). The patient reported overall 40-60% pain relief with pain medications. The patient's range of motion testing was deferred in the left lower extremity. Reflex testing was also deferred. There was mild weakness in the left lower extremity. Hypersensitivity to touch in the left lower extremity with allodynia at the left knee was noted. The patient ambulated with antalgic gait. Follow up on 01/06/14 noted good results in regards to pain from the current medications. The patient felt that Lyrica was controlling the burning type pain in the left lower extremity. Pain scores remained unchanged at 5/10 on VAS. Physical examination findings remained unchanged. Medications were continued at this visit and a random urine drug screen sample was obtained. Urine drug screen results from 01/13/14 noted positive findings for hydrocodone. There were inconsistent results with negative findings for tramadol. However, tramadol was positive. The requested Lyrica 75mg quantity 150 with two

refills, Ultram extended release 200mg quantity 30 with two refills, Norco 10/325mg quantity 90 with two refills, and urine drug screen were denied by utilization review on 01/27/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

LYRICA 75 MG #150 WITH 2 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PREGABALIN (LYRICA),.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epileptics Page(s): 16-22.

Decision rationale: In regards to the request for Lyrica 75mg quantity 150 with 2 refills, this reviewer would not have recommended certification for the request as submitted. Per the prior utilization review, Lyrica was modified to 150 tablets without refills. This would be consistent with clinical documentation submitted for review and guideline recommendations. Given the frequency, abuse and pain management consults there would be no indication for extended prescriptions for Lyrica. Therefore, the request is not medically necessary.

ULTRAM ER 200 MG #30 WITH 2 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRAMADOL (ULTRAM).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Opiates, Criteria for Use, Page(s): 88-89.

Decision rationale: In regards to the request for Ultram ER 200mg quantity 30 with 2 refills, this reviewer would not have recommended certification for the request as submitted. Per the prior utilization review, Ultram was modified to 30 tablets without refills. This would be consistent with clinical documentation submitted for review and guideline recommendations. Given the frequency, abuse and pain management consults there would be no indication for extended prescriptions for Ultram. Therefore, the request is not medically necessary.

NORCO 10/325 MG #90 WITH 2 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, Criteria for Use, Page(s): 88-89.

Decision rationale: In regards to the request for Norco 10/325mg quantity 90 with 2 refills, this reviewer would not have recommended certification for the request as submitted. Per the prior

utilization review, Norco was modified to 90 tablets without refills. This would be consistent with clinical documentation submitted for review and guideline recommendations. Given the frequency, abuse and pain management consults there would be no indication for extended prescriptions for Norco. Therefore, the request is not medically necessary.

URINE DRUG SCREEN: Overturned

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

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

Decision rationale: In regards to the requested urine drug screen (UDS), this reviewer would have recommended this request as medically necessary. The patient had prior inconsistent urine drug screens in the past. Although more recent urine drug screens were consistent with prescribed medications due to the long-term use of narcotics and risk factors for aberrant medication use urine drug screen would have been reasonable and appropriate for this patient. Therefore, the request is medically necessary.