

Case Number:	CM14-0013450		
Date Assigned:	02/26/2014	Date of Injury:	01/10/1992
Decision Date:	06/26/2014	UR Denial Date:	01/16/2014
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 Physical Medicine and 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 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 65 year old male who sustained an injury on 01/10/92. The injured worker's mechanism of injury was not discussed in the clinical record. The injured worker has been followed for complaints of severe low back pain. Prior treatment has included the use of physical therapy, chiropractic sessions, and previous epidural steroid injections. The injured worker was being followed by [REDACTED] for pain management. As of 10/14/13, the injured worker reported pain 10/10 on the VAS without medications. With medications, the injured worker's pain scores were 2-3/10. Medications at this evaluation included a Medrol dose pack, Gralise 600mg twice daily, Norco 10/325mg every 4 hours as needed for pain, Omeprazole, and Sertraline. Physical examination noted tenderness to palpation in the lumbar spine with loss of lumbar range of motion. Straight leg raise was reported as positive bilaterally in the lower extremities. There was decreased sensation throughout the lower extremities with decreased sensation in a right L5-S1 distribution. Norco and Gralise were continued at this visit. The injured worker's opioid risk tools did note a moderate risk category. Urinary drug screen samples were taken. It is noted that there were positive findings for THC on qualitative drug screens in October. Follow up on 12/09/13 noted no change in the injured worker's pain scores. Medications remained unchanged. The injured worker's physical examination finding was also unchanged. The injured worker was under a pain contract. THC findings from the last urinary drug screen was discussed with the injured worker. The injured worker was counseled that if there was another positive finding, controlled substances would be weaned. Qualitative drug screens from 12/11/13 again noted positive findings for THC. Follow up on 02/03/14 with [REDACTED] noted no change in the injured worker's pain scores. The injured worker was still obtaining pain scores of 2-3/10 with medications. Medications remained unchanged. The injured worker's physical examination findings also remained unchanged. The injured worker's

last positive finding for THC was not discussed in the record. The injured worker did have epidural steroid injections completed on 02/05/14. The requested Gralise 600mg, quantity 60, and Norco 10/325mg, quantity 180 were both denied by utilization review on 01/16/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

GRALISE 600MG #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ANTI-EPILEPSY DRUGS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptics Page(s): 13-16.

Decision rationale: In regards to the requested Gralise 600mg, quantity 60, this reviewer would have recommended this medication as medically necessary. From the utilization review report on 01/16/14, it is noted that the request included 2 refills which were found not to be medically appropriate. The request was modified to Gralise 600mg, quantity 60 with 1 refill. Given the injured worker's continuing complaints of neuropathic pain which was well controlled with this medication, this reviewer would have recommended certification for this request in line with the previous utilization review report. The request is medically necessary.

NORCO 10/325MG #180: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS, ONGOING MANAGEMENT

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 180, this reviewer would not have recommended this medication as medically necessary. The clinical documentation submitted notes the injured worker failed to eliminate the use of THC as counseled by [REDACTED]. It is unclear why [REDACTED] did not initiate a weaning program for all controlled substances after the 2nd inconsistent urinary drug screen finding in December of 2013. This was not addressed in [REDACTED]' February 2014 clinical report. Although the patient is reported to have significant pain relief with the use of Norco as prescribed, given the inconsistent drug screen results as well as the moderate risk factors for opioid misuse, this reviewer would not have recommended certification for the continued use of Norco and would have recommended that this medication be weaned as outlined by [REDACTED] in his December 2013 clinical report. The request is not medically necessary.

