

Case Number:	CM14-0015965		
Date Assigned:	06/04/2014	Date of Injury:	01/18/2001
Decision Date:	08/08/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/07/2014

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, has a subspecialty in Pain management and is licensed to practice in California. 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 patient is a 61-year-old female who has submitted a claim for lumbar radiculopathy, right knee internal derangement status post arthroscopy (2005), right knee pain, chronic pain syndrome, chronic pain-related insomnia, chronic pain-related sexual dysfunction, myofascial syndrome, and neuropathic pain; associated from an industrial injury date of 01/18/2001. Medical records from 01/02/2013 to 04/14/2014 were reviewed and showed that patient complained of low back pain radiating down into the right leg, right knee pain, and bilateral wrist pain. The pain was graded 5-6/10 and 9-10/10 with and without medications, respectively. Physical examination showed blood pressure of 120/76 mmHg, pulse rate 74 bpm, height 5 feet, weight 141 lbs, and BMI 27.6 kg/m². Recent comprehensive objective findings concerning the lumbar spine was not made available. Treatment to date has included Norco, baclofen, Gaba-calm, Prilosec, Ketoflex, ointment, naproxen, tizanidine, Cidoflex, Medrox patch, and Soma. Utilization review, dated 01/20/2014, denied the request for urine drug screen because there are no documented risks of aberrant drug behavior; denied the request for Norco because there is no documented evidence to quantitate pain relief or functional improvement with the previous use of this medication; denied the request for Butrans patch because there is no evidence of opiate addiction; and denied the request for physical therapy because of lack of information regarding conservative treatment (including physical therapy) the patient has had to date, and the outcomes associated with previous treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

REQUEST FOR ONE 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 9792.20 - 9792.26, Opioids, Step to Avoid Misuse / Addiction Page(s): 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter; Urine Drug Testing, Opioids, tools for risk stratification & monitoring.

Decision rationale: As stated on page 94 of California MTUS Chronic Pain Medical Treatment Guidelines, frequent random urine toxicology screens are recommended for patients at risk for opioid abuse. The Official Disability Guidelines classifies patients as 'moderate risk' if pathology is identifiable with objective and subjective symptoms to support a diagnosis, and there may be concurrent psychiatric comorbidity. Patients at 'moderate risk' for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. In this case, the patient can be classified as 'moderate risk' as she was diagnosed with dysthymic disorder on August 2013. Urine drug tests have been performed on ten different occasions, which exceeds the recommended amount of urine drug tests given that the patient is moderate risk for drug abuse. Moreover, it showed consistent results with the prescribed medications. There is no compelling rationale for repeating urine drug screen at this time. Therefore, the request for one urine drug screen is not medically necessary.

PRESCRIPTION NORCO 10/325 MG, QTY: 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids: Criteria For Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Opioids, On-going Management Page(s): 78.

Decision rationale: As stated on page 78 of California MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: analgesia, activities of daily living, adverse side effects, and aberrant drug- taking behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been prescribed Norco since 2012. Opioid use resulted to pain relief from 9-10/10 to 6/10. However, there is no evidence of continued functional benefit, or a lack of adverse side effects associated with its use. The MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Prescription Norco 10/325 MG, is not medically necessary.

PRESCRIPTION OF BUTRANS PATCH 10MCG, QTY: 4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Buprenorphine Page(s): 26-27.

Decision rationale: Pages 26 to 27 of the California MTUS Chronic Pain Medical Treatment Guidelines state that buprenorphine is recommended for treatment of opiate addiction. In this case, the patient was prescribed Butrans since 2012. An undated progress note mentioned improved pain relief and reduction of Norco consumption with the use of Butrans patch. However, objective measures of functional gains attributed with the use of Butrans was not reported. In addition, this medication is indicated for opiate addiction, which patient does not currently have. Therefore, the request for prescription of butrans patch is not medically necessary.