

Case Number:	CM14-0114591		
Date Assigned:	08/04/2014	Date of Injury:	08/01/1991
Decision Date:	09/24/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/22/2014

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 has a subspecialty in Pain Medicine and Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant sustained a work injury on 08/01/91. She continues to be treated with diagnoses including lumbar post laminectomy syndrome. She underwent a spinal cord stimulator implantation on 07/08/13. Urine drug screening on 02/18/14, 03/17/14, and 06/16/14 was positive for Temazepam/Oxazepam, consistent with the prescribed medications. The requesting provider saw her on 02/12/14. She had improved hip pain after recent hip replacement surgery. She was having ongoing pain rated at 6-10/10. Medications included Temazepam 30 mg. On 03/13/14, her spinal cord stimulator was providing good results. She was decreasing her medications. On 4/15/14, she was having persistent low back and bilateral lower extremity pain. She was requesting medication refills. The assessment references the claimant as leading an active lifestyle including working in her garden and house. She was not having any medication side effects. Physical examination findings included an antalgic gait using a cane. There was lumbar transverse process and paraspinal muscle tenderness and tenderness of the right iliac crest. There was pain with lumbar spine range of motion. She had decreased lower extremity sensation. Seated straight leg rising was positive. Her fentanyl dose was decreased from 75 mcg to 50 mcg. Norco 10/325 mg #120 was prescribed. There is reference to performing routine random urine drug testing and authorization for random urine drug testing was requested. The assessment documents no evidence of impairment, abuse, diversion, or hoarding.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches, #30 (DOS 03/13/2014): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57.

Decision rationale: The claimant is more than 10 years status post work-related injury and continues to be treated with diagnoses including lumbar post laminectomy syndrome. She has undergone successful spinal cord stimulator implantation and continues to take opioid medications. Although topical lidocaine in a formulation that does not involve a dermal-patch system could be recommended for localized peripheral pain, this claimant does not have localized pain. In terms of the requested Lidoderm, it is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. Therefore, it was not medically necessary.

Retrospective request for urine drug screen (DOS 03/13/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, screening for risk of addiction (tests); Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Urine Drug Testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77-78.

Decision rationale: The claimant is more than 10 years status post work-related injury and continues to be treated with diagnoses including lumbar post laminectomy syndrome. She has undergone successful spinal cord stimulator implantation and continues to take opioid medications. Medications also include Temazepam. Criteria for the frequency of urine drug testing include documented evidence of risk stratification including use of a testing instrument. Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, there are no identified issues of abuse, addiction, or poor pain control. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination or identified urine drug tests results that would be inconsistent with the claimant's prescribed medications. Although there is no documentation of risk stratification, the claimant would appear to be at low risk and expected results on testing done in February 2014. Therefore, urine drug screening on 03/13/2014 is not medically necessary.

Retrospective request for urine drug screen (DOS 06/10/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, screening for risk of addiction (tests); Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Urine Drug Testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77-78.

Decision rationale: The claimant is more than 10 years status post work-related injury and continues to be treated with diagnoses including lumbar post laminectomy syndrome. She has undergone successful spinal cord stimulator implantation and continues to take opioid medications. Medications also include Temazepam. Criteria for the frequency of urine drug testing include documented evidence of risk stratification including use of a testing instrument. Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, there are no identified issues of abuse, addiction, or poor pain control. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination or identified urine drug tests results that would be inconsistent with the claimant's prescribed medications. Although there is no documentation of risk stratification, the claimant would appear to be at low risk and expected results on testing done in February 2014. Therefore, urine drug screening on 06/10/2014 is not medically necessary.