

Case Number:	CM14-0025935		
Date Assigned:	06/13/2014	Date of Injury:	12/14/1996
Decision Date:	07/15/2014	UR Denial Date:	02/02/2014
Priority:	Standard	Application Received:	02/28/2014

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 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:

This is a female patient with a date of injury of December 14, 1996. A utilization review determination dated February 2, 2014 recommends noncertification of one urine drug screen and of Lyrica 75 mg quantity of 60. The Lyrica 75 mg was modified to a quantity of 14 in order to wean off the medication over a one week period. A progress note dated January 2, 2014 identifies ongoing chronic low back pain and lower extremity pain right worse than left. The patient reports radicular pain down the right lower extremity without numbness but with weakness. There is also complaints of bilateral neck pain and right shoulder pain. The patient denies any side effects to current medications and states that her pain is reduced from a 10/10 to a 5/10. The patient's functional gains from the medications include assisting with activities of daily life (ADLs), mobility, sleep, and contributing to quality of life. Physical examination of the cervical spine identifies normal alignment, no muscle atrophy, soft tissue palpation on the right and left revealed no tenderness of the scalene muscles, the sternocleidomastoid, the supraclavicular fossa, or of the rhomboid muscles. There is no trigger point pain, there is tenderness of the paracervical muscles, trapezius, and of the levitator scapulae. There is pain elicited with range of motion, there is tenderness of the occipital protuberance, and there is no tenderness of the mastoid process, the transverse process, or of the spinous process. Motor strength of the neck and bilateral upper extremities was within normal limits. Neurological evaluation was within normal limits except for bilateral absent plantar reflex, diminished right ankle reflex, diminished right knee reflex, and supine and seated straight leg raise were positive bilaterally. The patient was noted to have a slight antalgic gait. The lumbar spine examination revealed painful and restricted range of motion, no tenderness of the sacrum or coccyx, no tenderness of bilateral iliac crest, the anterior superior iliac spine (ASIS), the posterior inferior iliac spine (PSIS), the pubic tubercle, celiac tubercle, the sciatic notch, the ischial tuberosity, or

of the greater trochanter. There is tenderness of the sacral iliac joint. Diagnoses include brachial neuritis, spondylolisthesis, primary fibromyalgia syndrome, displacement of lumbar intervertebral disc without myelopathy, neck pain, disorder of trunk, cervical spondylosis without myelopathy, lumbar post laminectomy syndrome, and displacement of cervical intervertebral disc without myelopathy. The treatment plan recommends refill of Norco 7.5/325 12 1 1/2 tablets four times a day by mouth as needed quantity of 168 tablets. A urine drug screen done November 26, 2013 revealed no hydrocodone detected, but cannabinoids and meprobamate were detected. A urine drug screen performed January 2, 2014 detected hydrocodone and cannabinoids. A urine drug screen performed January 30, 2014 detected cannabinoids but did not detect hydrocodone. A urine drug screen performed February 27, 2014 did not detect hydrocodone, but did detect Cannabinoids and meprobamate. A urine drug screen performed March 27, 2014 did not detect hydrocodone, however it did detect marijuana. A urine drug screen performed April 24, 2014 detected both marijuana and hydrocodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

LYRICA 75MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin Page(s): 16-21.

Decision rationale: Regarding request for Lyrica 75mg #60, Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs (AEDs) are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is non-specific report of improvement of pain without side effects with the "medications". However, there is documentation of worsening radicular pain in the lower extremities, which contradicts the claim of adequate pain control. In the absence of clarity within the documentation, the currently requested Lyrica 75mg #60 is not medically necessary.

RETROSPECTIVE - ONE URINE DRUG SCREEN: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, STEPS TO AVOID MISUSE/ADDICTION.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79, 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter Urine Drug Testing.

Decision rationale: Regarding the request for a urine drug screen, CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, the provider notes that the patient is taking pain medication, but there is no documentation of current risk stratification to identify the medical necessity of drug screening at the proposed frequency. There is no statement indicating why this patient would be considered to be high risk for opiate misuse, abuse, or diversion. However, upon review of the urine drug screens already performed it appears that the patient is demonstrating aberrant behavior and needs frequent monitoring as well as possible discontinuation off the pain medication, hydrocodone (Norco). There are several urine drug screens that are negative for the prescribed medication of hydrocodone and all have been positive for marijuana without any documentation that the patient has an active prescription for marijuana. As such, the patient is in a high-risk category. As such, the currently requested urine toxicology test is medically necessary.