

<b>Case Number:</b>	CM14-0026539		
<b>Date Assigned:</b>	05/23/2014	<b>Date of Injury:</b>	09/04/2008
<b>Decision Date:</b>	07/11/2014	<b>UR Denial Date:</b>	02/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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 & Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Ohio. 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 52-year-old male who reported injury on 09/04/2008. The specific mechanism of injury was the injured worker fell from a height of 25 feet and landed on his left side with a loss of consciousness. The diagnosis was post-concussion syndrome. The documentation of 01/22/2014 revealed the injured worker's pain had increased. The injured worker had a hernia surgery two weeks prior to the office visit of 01/22/2014. The injured worker was having pain on the right side of his right lower leg. The injured worker indicated his feet had a cold sensation and he had pain for the prior two weeks from the left lumbar region to the left lateral ankle with stabbing from the right lateral knee to the ankle. The injured worker had received Norco 5/325 twice a day from the hospital and the injured worker indicated it helped significantly with back and leg pain. The current medications included Lidoderm 5% patch, Lyrica 50mg capsules, omeprazole DR 20mg capsules, Cymbalta 30mg capsules, Aleve 220mg tablet, atenolol 25mg tablet, lisinopril 20 g tablets, Metformin HCl 850mg tablets, Novolin N 100 units per mL vial, simvastatin 40mgg tablets, tamsulosin HCl 0.4mg, Tylenol 325mg, and hydrocodone/acetaminophen 5/325mg. The failed medications include over-the-counter non-steroidal anti-inflammatory drugs (NSAIDs) include Aleve and ibuprofen. The injured worker had to stop taking Paxil as it caused a flat affect. The injured worker started Lyrica in 10/2013. The diagnoses included lumbar radiculopathy, cervical radiculopathy, rib and sternum abnormalities not elsewhere classified, internal injury not otherwise specified, posttraumatic stress disorder, post-concussion syndrome, pain in joint lower leg, hand pain, dizziness and giddiness, as well as chest wall pain. The treatment plan included starting Norco 5/325 by mouth twice a day as needed for pain #60, Lyrica 50mg 1 to 2 capsules at bedtime for neuropathic pain, and a urine drug screen. It was indicated the urine drug screen was negative.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **ONE (1) URINE DRUG SCREEN: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Criteria for Use of Urine Drug Testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Ongoing Management Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Urine Drug Testing.

**Decision rationale:** The California MTUS Guidelines recommend urine drug screen when there are documented issues of abuse, addiction, or poor pain control. They do not; however, address quantitative studies. As such, secondary guidelines were sought. The Official Disability Guidelines indicate quantitative urine drug testing is not recommended for verifying compliance without the evidence of necessity. The clinical documentation submitted for review failed to indicate the injured worker had issues of abuse, addiction, or poor pain control and there was a lack of documentation indicating a documented rationale for a quantitative urine drug screen. Given the above, the request for one urine drug screen is not medically necessary.

### **ONE (1) PRESCRIPTION OF LYRICA 50MG #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Antiepileptic Drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Antiepileptic Drugs Page(s): 16.

**Decision rationale:** The California MTUS Guidelines recommend antiepileptic medications for the treatment of neuropathic pain. There should be documentation of objective functional benefit and an objective decrease in pain. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication since 10/2013. There was a lack of documentation of the above criteria. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for one prescription of Lyrica 50mg #60 is not medically necessary.