

Case Number:	CM14-0060997		
Date Assigned:	07/09/2014	Date of Injury:	11/02/2000
Decision Date:	12/23/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/01/2014

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 Internal Medicine and is licensed to practice in New York. 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 73 year old male with a date of injury of 11/02/2000. He had a spine surgery in 2000 and in 2001. On 06/27/2006 he had a spinal cord stimulator. On 07/13/2013 he had a urine drug test that was positive for prescribed hydrocodone. On 10/17/2013 another urine test was positive appropriately. On 12/05/2013 Norco was discontinued and he was started on Percocet. On 01/09/2014 and on 04/10/2014 he had low back pain, lower extremity pain and difficulty walking. Lumbar range of motion was decreased. Posture was mildly kyphotic. Straight leg raising was positive bilaterally. He continues to walk but also uses an electric scooter. Pain was 4-9/10. On 01/09/2014 and on 04/10/2014 his urine drug screen was appropriate for the prescribed medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain chapter, Urine drug testing

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 2014, Urine drug testing

Decision rationale: For patients like this with a low risk for abuse, ODG 2014 notes, "Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. The request is not medically necessary.

Mirapex 0.75mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov/pubmed/20517225

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA Approved package insert, Mirapex

Decision rationale: The FDA determines the approved indications for safe and effective drug treatment in the US. Mirapex is FDA approved for the treatment of Parkinson's syndrome and restless leg syndrome; neither is present in this patient. He has no documented FDA approved indication for this drug. The continued use of Mirapex in this patient is experimental and an investigative treatment. The request is not medically necessary.

Oxycodone 10mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going management Page(s): 78-79.

Decision rationale: He has a spinal cord stimulator according to medical documentation to which should limit the amount of systemic opioid needed for this patient. Also the documentation does not meet criteria for on-going opioids per the guidelines. The request is not medically necessary.