

<b>Case Number:</b>	CM14-0078263		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	04/12/1991
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	05/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2014

### 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 Family Medicine and is licensed to practice in North Carolina. 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 71-year-old with a reported date of injury of 04/12/1991. The patient has the diagnoses of chronic neuropathic left knee pain, complex regional pain syndrome of the lower limb, cervicgia and other back symptoms. Per the progress reports provided by the primary treating physician dated 04/15/2014, the patient had complaints of chronic pain described as severe, aching and frequent jolts. The patient reported recent L2 and L3 sympathetic ganglion blocks helped reduce the pain. The physical exam noted painful flexion in both knees, hypersensitivity of the left knee, tenderness in the lateral pillars of the neck and no neurologic deficits. Treatment recommendations included medication refill and consideration for a spinal cord stimulator. Progress reports from the pain management physician dated 05/27/2014 indicate the patient had complaints of ongoing neuropathic pain in the left knee. Physical exam noted decreased range of motion in the left knee with stiffness, swelling and hypersensitivity. Treatment recommendations included medication management and consideration for repeat lumbar sympathetic blocks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine drug screen:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Chronic Pain Medical Treatment Guidelines.. The Expert Reviewer's decision rationale:Per the California chronic pain medical treatment guidelines tests are, "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." The patient is currently using opioid medication. The section on opioid therapy advocates urine drug screening as a part of initiating and maintaining therapy. For these reason the request is medically necessary.

**Orphenadrine 100mg Qty 60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants page(s) 63-66 Page(s): 63-66.

**Decision rationale:** The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Muscle relaxants, page 63-66.The Expert Reviewer's decision rationale:Per the California chronic pain medical treatment guidelines recommends, "Non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." This drug is similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties. This drug was approved by the FDA in 1959. The long term use of this medication is not recommended per guidelines and thus is not medically necessary.

**oxycodone 10mg Qty 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids page(s) 78-84 Page(s): 78-84.

**Decision rationale:** The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Opioids, pages 78-84 The Expert Reviewer's decision rationale:There is no documentation of failure of first line therapy options for neuropathic pain. There is also no objective and quantitative documentation of the outlined outcome measures used to evaluate for ongoing opioid use. For these reason the medication is not medically necessary.

**Oxycontin 10mg Qty 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids page(s) 74-84 Page(s): 74-84.

**Decision rationale:** The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Opioids, pages 74-84. The Expert Reviewer's decision rationale: There is no documentation of failure of first line therapy options for neuropathic pain. There is also no objective and quantitative documentation of the outlined outcome measures used to evaluate for ongoing opioid use. For these reason the medication is not medically necessary.