

Case Number:	CM14-0202510		
Date Assigned:	12/15/2014	Date of Injury:	04/11/2011
Decision Date:	02/04/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/03/2014

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 Rehab, has a subspecialty in Interventional spine 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:

The patient is a 43 year old male with an injury date of 04/11/11. The patient is status post bilateral L4-5 laminectomy, left sided discectomy at L4-5, and left sided laminectomy at L5-S1 on 07/14/11, as per progress report dated 12/18/13. As per 08/06/14 progress report, the patient complains of low back pain, rated as 7-8/10. Physical examination reveals moderate tenderness over the lumbar paravertebral musculature along with moderate facet tenderness at L4-S1. Sacroiliac tenderness, Fabere's test, Sacroiliac thrust test, supine straight leg raise, and Yoeman's test are positive on the left. There is tenderness over the medial/lateral joint line along with right knee pain. The patient also has reduced sensation to pain, temperature, light touch, vibration, and two-point discrimination in left L5 and S1 dermatomes. In progress report dated 05/07/14, the patient complains of pain in the lumbar spine that radiates to the left side to the leg. The patient's gait is antalgic to the left and his heel-toe walk is exacerbated to the left as well. Initial psychiatry evaluation dated 04/07/14, states that the patient has unspecified depressive disorder, Male hypoactive sexual desire disorder, and Somatic symptoms disorder with persistent pain. In progress report dated 02/18/14, the patient complains of knee problem. The patient has had two transforaminal epidural steroid injections that produced moderate relief, as per progress report dated 08/06/14. The patient has received physical therapy and is now on a home exercise regimen, as per progress report dated 05/07/14. The patient is relying on Norco for pain relief, as per progress report dated 08/08/14. Medications, as per 02/18/14, progress report from another treater include Tramadol, Ibuprofen, Famotidine, and Simvastatin. The patient has been allowed to return to modified work, as per progress report dated 08/08/14. CT of the Lumbar Spine, 02/14/12, as per progress report dated 10/02/13:- 4 mm broad-based protrusion at L2-3- At L3-4, 3 mm central broad-based protrusion; mild facet degenerative changes; Ligamentum flavum hypertrophy causing mild spinal stenosis- At L4-5, prior left hemilaminectomy; 3-4 mm broad-

based disc protrusion; mild degenerative endplate changes- At L5-S1, prior left hemilaminectomy, mild degenerative endplate changes; broad-based posterior spur along with left paracentral and neural foraminal disc protrusion. MRI of the Lumbar Spine, 09/30/14:- Possibility of a renal cyst- Postsurgical changes at L4-5 evident of prior partial discectomy in the left paracentral region- 3 mm biforaminal disc protrusions at L4-5 with abutment of the exiting L4 nerve roots bilaterally- 3 mm left paracentral disc protrusion at L5-S1 resulting in mild abutment of descending left S1 nerve root- 3 mm right foraminal disc protrusion at L2-3 with abutment of exiting right L2 nerve root.X-ray of the Right Knee, 12/18/13:- Moderate degenerative changes in all 3 knee compartments, most pronounced in lateral compartment- Joint space narrowing and large osteophytes- Small to moderate effusion in suprapatellar bursa- Generalized osteopeniaDiagnoses, 08/06/14:- Status post lumbar laminectomy- Lumbar disc disease- Lumbar radiculopathy- Bilateral sacroiliac joint arthropathyThe treater is requesting for (a) FIORICET # 60 (b) NEURONTIN 600 mg # 60 (c) RANDOM URINE SAMPLE. The utilization review determination being challenged is dated 11/11/14. Treatment reports were provided from 03/21/13 - 11/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fioricet #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chapter Pain (Chronic), 'Barbiturate-containing analgesic agents (BCAs).

Decision rationale: The patient presents with pain in the lower back, rated as 7-8/10, as per progress report dated 08/06/14. The request is for Fioricet # 60. The patient is status post bilateral L4-5 laminectomy, left sided discectomy at L4-5, and left sided laminectomy at L5-S1 on 07/14/11, as per progress report dated 12/18/13. ODG Guidelines, chapter 'Pain (Chronic)' and topic 'Barbiturate-containing analgesic agents (BCAs)', states that Fioricet is "Not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. (McLean, 2000) Fioricet is commonly used for acute headache, with some data to support it, but there is a risk of medication overuse as well as rebound headache. (Friedman, 1987) The AGS updated Beers criteria for inappropriate medication use includes barbiturates." Some reports are handwritten and illegible. In this case, Fioricet is not noted in any of the progress reports. It is not known whether the treater is requesting the medication for the first time or whether the patient has used the drug before. The treater does not explain the need for Fioricet as well. The patient is suffering from chronic low back pain, and ODG guidelines do not recommend this medication in such cases. Hence, the request for Fioricet is not medically necessary.

Neurontin 600 MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin, Gabarone, generic available) Page(s): 18, 19.

Decision rationale: The patient presents with pain in the lower back, rated as 7-8/10, as per progress report dated 08/06/14. The request is for Neurontin 600 mg # 60. The patient is status post bilateral L4-5 laminectomy, left sided discectomy at L4-5 and left sided laminectomy at L5-S1 on 07/14/11, as per progress report dated 12/18/13. MTUS has the following regarding Gabapentin on page 18, 19: "Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Some reports are handwritten and illegible. In this case, a prescription for Neurontin was not found in any of the available progress reports. It is not clear if this is the first prescription of Neurontin or if the patient has had the medication before. The patient suffers from lower back pain and lumbar radiculopathy for which Neurontin may be indicated. However, the treater does not document any efficacy with regards to improvement in pain and function. MTUS page 60 require recording of pain and function when medications are used for chronic pain. The request is not medically necessary.

Random Urine Sample: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioid management Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Urine drug testing.

Decision rationale: The patient presents with pain in the lower back, rated as 7-8/10, as per progress report dated 08/06/14. The request is for Random Urine Sample. The patient is status post bilateral L4-5 laminectomy, left sided discectomy at L4-5 and left sided laminectomy at L5-S1 on 07/14/11, as per progress report dated 12/18/13. MTUS page 77, under opioid management: "Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." ODG has the following criteria regarding Urine Drug Screen: "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. Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. Patients at "high risk" of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders." Some reports are handwritten and illegible. In this case, the patient has been taking Norco (an opioid) since at least 11/25/13. He is, therefore, required to undergo

routine urine drug screening to assess appropriate use. A review of the available reports indicates that the patient has received UDS on a regular basis, with the last one dated 01/17/14. Another sample was collected on 08/08/14, and this appears to be a retrospective request for the same test. However, the treater does not provide a risk assessment for the patient. MTUS guidelines recommend urine drug screening on a yearly basis for low risk patients. Hence, the latest test may be excessive. This request is not medically necessary.