

Case Number:	CM15-0003247		
Date Assigned:	01/14/2015	Date of Injury:	08/22/2008
Decision Date:	03/11/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/07/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Emergency Medicine

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 69 year old male who sustained an industrial injury reported on 8/22/2008. He has reported bilateral knee crepitus and pain, and issues stemming from traumatic brain injury. The diagnoses have included traumatic brain injury with cognition issues; right knee pain; and left lower extremity pain status-post deep vein thrombosis; left knee pain/osteoarthritis/chronic tendonitis/chondromalacia patella. Treatments to date have included consultations; laboratory and imaging studies; aqua therapy; Synvisc injection; use of cane; and medication management. The work status classification for this injured worker is noted to be less than sedentary work, and that he is not working. On 12/22/2014 Utilization Review non-certified, for medical necessity, the request for urine drug screen, Norco 10/325mg 4 x a day #240/2 month supply, Flexeril 10mg 3 x a day as needed for flare-ups of spasms #60/2 month supply, and Neurontin 300mg at bed time #90/2 month supply, citing the Medical Treatment Utilization Schedule, chronic pain medical treatment topical analgesics guidelines and the Official Disability Guidelines, were cited. The treating physician's progress notes, dated 12/4/2014, stated that Norco and Flexeril, as needed, are effective in addressing the pain, and that Gabapentin was added, as needed, to help with any burning sensation that occurs with the flare-ups.

IMR ISSUES, DECISIONS AND RATIONALES

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

UA drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing. Decision based on Non-MTUS Citation Official Disability Guidelines, Urine Drug Testing

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines, Page 4.

Decision rationale: The requested UA Drug screen, is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines, Page 43, "Drug testing", recommend drug screening "to assist in monitoring adherence to a prescription drug treatment regimen (including controlled substances); to diagnose substance misuse (abuse), addiction and/or other aberrant drug related behavior" when there is a clinical indication. These screenings should be done on a random basis. The treating physician has documented that the injured worker has chronic pain and burning sensation to the lower extremities. The treating provider has not documented provider concerns over patient use of illicit drugs or non-compliance with prescription medications. There is no documentation of the dates of the previous drug screening over the past 12 months, nor what those results were and any potential related actions taken. The request for drug screening is to be made on a random basis. There are also no documentation regarding collection details, which drugs are to be assayed or the use of an MRO. The criteria noted above not having been met, UA Drug screen is not medically necessary.

Norco 10/325mg QID #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids fo.

Decision rationale: The requested Norco 10/325 mg # 240 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The treating physician has documented that the injured worker has chronic pain and burning sensation to the lower extremities. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention. The criteria noted above not having been met, Norco 10/325 mg # 240 is not medically necessary.

Flexeril 10mg TID PRN #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants Page(s): 63-66.

Decision rationale: The requested Flexeril 10 mg # 60 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The treating physician has documented that the injured worker has chronic pain and burning sensation to the lower extremities. The treating physician has not documented spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Flexeril 10 mg # 60 is not medically necessary.

Neurontin 300mg QHS #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Anti-Epilepsy drugs Page(s): Page 16-18.

Decision rationale: The requested Neurontin 300 mg # 90 is not medically necessary. Chronic Pain Medical Treatment Guidelines, Anti-Epilepsy drugs, Pages 16-18, 21, note that anti-epilepsy drugs are "Recommended for neuropathic pain due to nerve damage." The treating physician has documented that the injured worker has chronic pain and burning sensation to the lower extremities. The treating physician has not adequately documented objective evidence of derived functional improvement. The criteria noted above not having been met, Neurontin 300 mg # 90 is not medically necessary.