

Case Number:	CM15-0132149		
Date Assigned:	07/20/2015	Date of Injury:	05/09/2013
Decision Date:	09/23/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/08/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 48 year old male, who sustained an industrial injury on 05/09/2013. The injured worker is currently temporarily totally disabled. The injured worker is currently diagnosed as having cervicgia, cervical facet dysfunction, lumbago, lumbar facet dysfunction, depression, headache, bilateral knee pain, degenerative joint disease with meniscal tear, status post right knee arthroscopy, chronic pain syndrome, opioid dependence, and history of gastric bypass. Treatment and diagnostics to date has included completely negative urine drug screen dated 05/20/2015 that was negative for opioid, lumbar spine MRI which showed congenital narrowing of the central canal and mild facet degenerative changes at multiple levels without significant stenosis, physical therapy, home exercise program, and use of medications as needed. In a progress note dated 05/20/2015, the injured worker presented status post right knee arthroscopy on 04/29/2015 with complaints of right knee pain, rated 5/10 on the pain scale. The physician stated that the injured worker is not taking any medications but takes them as needed. It also states that the injured worker's pain is 10/10 before taking medications and 5/10 with medications. Objective findings include positive facet loading and Spurling's tests, decreased sensation to light touch in the right foot, tenderness to palpation over the cervical and lumbar paraspinal muscles, and tenderness to palpation over the right knee. The treating physician reported requesting authorization for Lyrica for nerve type pain and a urinalysis to determine levels of prescription and presence of any non-prescription drugs. The patient sustained the injury when he hit against a pipe. The medication list includes Percocet and Lyrica. The patient has had MRI of the lumbar spine on 6/6/14 that revealed narrowing of the central canal and facet

degenerative changes. The patient has had a UDS on 4/29/15 that was positive for Oxycodone and Oxymorphone and it was inconsistent.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 150mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs Page(s): 16-17, 19-20.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), page 16, 19 Page(s): 99.

Decision rationale: Lyrica is an antiepilepsy medication. According to MTUS chronic pain guidelines, regarding antiepileptics, "Recommended for neuropathic pain (pain due to nerve damage)". Regarding Lyrica/pregabalin, "Pregabalin is being considered by the FDA as treatment for generalized anxiety disorder and social anxiety disorder. In June 2007 the FDA announced the approval of pregabalin as the first approved treatment for fibromyalgia". The injured worker is currently diagnosed as having cervicalgia, cervical facet dysfunction, lumbago, lumbar facet dysfunction, depression, headache, bilateral knee pain, degenerative joint disease with meniscal tear, status post right knee arthroscopy, chronic pain syndrome, opioid dependence, and history of gastric bypass. In a progress note dated 05/20/2015, the injured worker presented status post right knee arthroscopy on 04/29/2015 with complaints of right knee pain, rated 5/10 on the pain scale. It also states that the injured worker's pain is 10/10 before taking medications and 5/10 with medications. Objective findings include positive facet loading and Spurling's tests, decreased sensation to light touch in the right foot, tenderness to palpation over the cervical and lumbar paraspinal muscles, and tenderness to palpation over the right knee. The patient has had MRI of the lumbar spine on 6/6/14 that revealed narrowing of the central canal and facet degenerative changes. The patient therefore has chronic myofascial pain along with a neurological component. It is deemed that prescription of Lyrica 150mg #60 is medically appropriate and necessary in this patient.

Urinalysis: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-80, 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Medical Treatment Utilization Schedule (MTUS), 2010, Chronic pain treatment guidelines Page 43 Drug testing Page(s): 43, 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, Pain (updated 09/08/15) Urine drug testing (UDT).

Decision rationale: Per the CA MTUS guideline cited above, drug testing is "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs". Per the guideline cited below, drug testing is "The test should be used in conjunction with other

clinical information when decisions are to be made to continue, adjust or discontinue treatment". Frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument". 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". As per records provided medication lists includes Percocet. The patient has had UDS on 4/29/15 that was positive for Oxycodone and Oxymorphone and it was inconsistent. This result may indicate aberrant drug behavior. It is medically appropriate and necessary to perform a urine drug screen to monitor the use of any controlled substances in patients with chronic pain. It is possible that the patient is taking controlled substances prescribed by another medical facility or from other sources like - a stock of old medicines prescribed to him earlier or from illegal sources. The presence of such controlled substances would significantly change the management approach. The request for Urinalysis is medically appropriate and necessary in this patient.