

Case Number:	CM15-0168520		
Date Assigned:	09/09/2015	Date of Injury:	11/23/2011
Decision Date:	10/07/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/27/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 was injured on 11-23-2011. The request is for Ativan, Lyrica, and urine drug testing. The UR dated 7-23-2015, indicated adverse determination for Ativan 1mg #90 no refill; adverse determination for Lyrica 200mg #90 no refill; and adverse determination for urine drug testing. The medical diagnoses have included lumbar radiculopathy, chronic pain syndrome, opioid dependence and gastritis. The request for authorizations dated 6-29-2015 and 7-27-2015 also included a request for Butrans patches, Protonix, and Ibuprofen. On 6-29-2015, he reported that his pain remained the same and there were no new symptoms. He indicated pain patches were helping and that his current pain level was 2 out of 10 with medications and 4 out of 10 without medications. Physical findings revealed that he appeared to be in no acute distress, a regular heart rate and rhythm, positive straight leg raise testing and normal strength, and tenderness in the low back area. On 7-27-2015, he reported that his pain was well controlled and was having no new symptoms. He rated his current pain as 2 out of 10 with medications and 4 out of 10 without medications. He indicated his sleep to be average and that he was having some constipation. Physical findings revealed were a positive straight leg raise test and intact sensation, normal strength and tenderness to palpation of the lumbar and sacroiliac areas. There are no diagnostic reports documented on 6-29-2015 and 7-27-2015. Treatments to date have included: medications of Butrans patches, Ativan, Protonix, Lyrica, and Ibuprofen. He is noted to be continuing his home exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 1mg #90 (no refill): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77-78.

Decision rationale: The claimant sustained a work injury in November 2011 and continues to be treated for chronic back pain including a diagnosis of failed back surgery syndrome. When seen, his pain was well controlled and rated at 2/10 with medications. Physical examination findings included lumbar paraspinal muscle and sacroiliac joint tenderness with positive straight leg raising. He has a history of opioid dependence and medications include Butrans. Urine drug screening was done in March 2015 and June 2015. In June 2015 results were negative for buprenorphine. Authorization for regular urine drug screening at least every eight weeks is being requested. Medications also include Ativan being prescribed for anxiety and Lyrica. The Lyrica dose is 600 mg per day. Criteria for the frequency of urine drug testing include risk stratification. In this case, the claimant would be considered at moderate risk for addiction/aberrant behavior. In this clinical scenario, urine drug screening is recommended 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. In this case, a second urine drug screening is being requested since Butrans was prescribed and there was an inconsistent result on the last urine drug screening performed. The request was within guideline recommendations and medically unnecessary.

Lyrica 200mg #90 no refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-17. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain - Pregabalin (Lyrica).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Antiepilepsy drugs (AEDs), p18-19 (2) Medications for chronic pain, p60 Page(s): 18-19, 60.

Decision rationale: The claimant sustained a work injury in November 2011 and continues to be treated for chronic back pain including a diagnosis of failed back surgery syndrome. When seen, his pain was well-controlled and rated at 2/10 with medications. Physical examination findings included lumbar paraspinal muscle and sacroiliac joint tenderness with positive straight leg raising. He has a history of opioid dependence and medications include Butrans. Urine drug screening was done in March 2015 and June 2015. In June 2015 results were negative for buprenorphine. Authorization for regular urine drug screening at least every eight weeks is being requested. Medications also include Ativan being prescribed for anxiety and Lyrica. The Lyrica dose is 600 mg per day. Criteria for the frequency of urine drug testing include risk stratification. In this case, the claimant would be considered at moderate risk for addiction/aberrant behavior.

In this clinical scenario, urine drug screening is recommended 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. In this case, a second urine drug screening is being requested since Butrans was prescribed and there was an inconsistent result on the last urine drug screening performed. The request was within guideline recommendations and medically necessary.

Urine drug testing: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, p77-78 Page(s): 77-78.

Decision rationale: The claimant sustained a work injury in November 2011 and continues to be treated for chronic back pain including a diagnosis of failed back surgery syndrome. When seen, his pain was well controlled and rated at 2/10 with medications. Physical examination findings included lumbar paraspinal muscle and sacroiliac joint tenderness with positive straight leg raising. He has a history of opioid dependence and medications include Butrans. Urine drug screening was done in March 2015 and June 2015. In June 2015 results were negative for buprenorphine. Authorization for regular urine drug screening at least every eight weeks is being requested. Medications also include Ativan being prescribed for anxiety and Lyrica. The Lyrica dose is 600 mg per day. Criteria for the frequency of urine drug testing include risk stratification. In this case, the claimant would be considered at moderate risk for addiction/aberrant behavior. In this clinical scenario, urine drug screening is recommended 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. In this case, a second urine drug screening is being requested since Butrans was prescribed and there was an inconsistent result on the last urine drug screening performed. The request was within guideline recommendations and medically necessary.