MAXIMUS Federal Services

Case Number:	CM15-0020695		
Date Assigned:	02/10/2015	Date of Injury:	05/01/2007
Decision Date:	04/01/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/04/2015

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: Physical Medicine & Rehabilitation

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 65 year old female, who sustained an industrial injury on May 1, 2007. The diagnoses have included opioid dependence, osteoarthritis, thoracic or lumbosacral radiculitis, cervical spine post laminectomy syndrome and lumbago. A progress note dated December 24, 2014 provided the injured worker complains of neck upper and lower back, left shoulder, facial, and right leg pain. She reports the Lidoderm patches give 70% drop in pain and allow her to sleep 8-9 hours. Without them she is up hourly and can't sleep. She also reports her oral medication allows her to continue activity and reduces her pain to 0-1/10. On January 15, 2015 utilization review non-certified a request for urine drug screen, Perocet 10/325mg #90, Cyclobenzaprine Hydrochloride 10mg #60 and Lidoderm external patches #90 with 3 refills The Medical Treatment Utilization Schedule (MTUS) and Official Disability Guidelines (ODG) were utilized in the determination. Application for independent medical review (IMR) is dated January 27, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen: 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), Pain Chapter (Updated 12/31/14); Criteria for Use of Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter under urine drug testing.

Decision rationale: According to the 12/24/2014 report, this patient presents with constant "neck pain, upper and lower back pain, right leg pain, left shoulder pain, LUQ pain, and right face pain." The current request is for Urine Drug Screen. The request for authorization is not provided for review. The patient's work status is "Retired." Regarding UDS's, MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, ODG Guidelines provide clearer recommendation. It recommends once yearly urine screen following initial screening with the first 6 months for management of chronic opiate use in low risk patient. The available medical records indicate the patient is currently on Percocet. The treating physician indicates "An 11 panel urine drug screen was administered today [12/24/2014] and was appropriately positive for opiates." The medical records also show UDSs was done on 07/31/2014 and 08/7/2014. However, the treating physician does not provided a discussion regarding the patient adverse behavior with opiates use. The treater does not explain why another UDS is needed. There is no discussion regarding this patient' opiate use risk. The ODG guidelines support once yearly urine screen following the initial screening. Therefore, the current request IS NOT medically necessary.

Perocet 10/325mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS. Medications for chronic pain Page(s): 60-61, 76-78, 88-89.

Decision rationale: According to the 12/24/2014 report, this patient presents with constant neck pain, upper and lower back pain, right leg pain, left shoulder pain, LUQ pain, and right face pain. The current request is for Percocet 10/325mg #90. This medication was first mentioned in the 08/27/2014 report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's; analgesia, ADLs, adverse side effects, and aberrant behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Per the treating physician on the 12/24/2014 report, the patient reports "the fentanyl decreasing the pain about 60% and allowing her to get out of bed, prepare her own meals, shower, unload the dishwasher, go for a 4 block walk, and fold laundry. The Percocet she uses for breakthrough pain which occurs about 3 times per day. The Percocet reduces her pain to about a 0-1/10 allowing her to continue the activity

which has already begun for about 2-3more hours, if she did not have this she would need to stop all activities and rest for the remainder of the day due to pain." The treat physician further indicates "Patients relates their pain relief with medication or treatment over the last week is 60%." The CURES report was obtained and reviewed with no aberrant activity noted. In this case, the treating physician's report shows proper documentation of the four A's as required by the MTUS guidelines. Therefore, the current request IS medically necessary.

Cyclobenzaprine Hydrochloride 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for Pain).

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

Decision rationale: According to the 12/24/2014 report, this patient presents with constant neck pain, upper and lower back pain, right leg pain, left shoulder pain, LUQ pain, and right face pain. The current request is for Cyclohenzaprine Hydrochloride 10mg #60. For muscle relaxants for pain, the MTUS Guidelines page 63 state "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement." A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. Review of the available records indicates that this patient has been prescribed this medication longer then the recommended 2-3 weeks. The treating physician is requesting Cyclobenzaprine #60 and this medication was first noted in the 08/27/2014 report. Cyclobenzaprine is not recommended for long term use. The treater does not mention that this is for a short-term use to address a flare-up or an exacerbation. Therefore, the current request IS NOT medically necessary.

Lidoderm external patches #90 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Topical lidocaine Page(s): 56-57, 111-113.

Decision rationale: According to the 12/24/2014 report, this patient presents with constant neck pain, upper and lower back pain, right leg pain, left shoulder pain, LUQ pain, and right face pain. The current request is for Lidoderm external patches #90 with 3 refills. Lidoderm patch was first mentioned in the 08/27/2014 report. The MTUS guidelines state that Lidoderm patches may be recommended for neuropathic pain that is peripheral and localized when trials of antidepressants and anti-convulsants have failed. Review of the provided reports show the patient has spinal neuropathic pain but this is not a localized condition. The treating physician indicates that "Lidoderm patches control the diaphragm, thoracic and lumbar pain by about 70% within the

initial hour of placement. With the Lidoderm patches she can sleep a full 8-9 hours uninterrupted, without she is up every hour and cannot fall back asleep most times." The MTUS support Lidoderm patches for neuropathic pain that is peripheral and localized and not for axial spinal pains. Therefore, the request IS NOT medically necessary.