MAXIMUS Federal Services

Case Number:	CM15-0212845		
Date Assigned:	11/02/2015	Date of Injury:	08/24/1993
Decision Date:	12/23/2015	UR Denial Date:	10/23/2015
Priority:	Standard	Application Received:	10/29/2015

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: Pennsylvania, Ohio, 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:

This is a 68 year old female who sustained a work-related injury on 8-24-93. Medical record documentation on 9-23-15 revealed the injured worker was being treated for lumbosacral radiculopathy, lumbar degenerative disc disease, lumbar spine stenosis, facet joint syndrome, cervical radiculopathy, cervical spinal stenosis and chronic pain syndrome. She reported pain in the low back with radiation of pain to the bilateral lower extremities. She rated her pain a 5 on a 10-point scale at best and an 8 on a 10-point scale at worst (no change from 8-5-15). Her medication regimen included cyclobenzaprine 5 mg (since at least 7-7-15), Lyrica 150 mg and Percocet 10-325 mg. Objective findings included a non-antalgic gait. She had no edema in the four extremities and was responsive to painful stimuli. She exhibited no overt drug seeking behavior. She was evaluated for left lower extremity radicular pain and continued to have inadequate analgesic from her intrathecal pump. The device was titrated by 40%. On 10-16-15 the injured worker reported low back pain with radiation of pain to the right lower extremity. She reported headaches. Objective findings included an antalgic gait which favored the right leg. A request for POC drug screen #2, cyclobenzaprine 5 mg #90, and Lyrica 150 mg #90 was received on 10-16-15. On 10-23-15, the Utilization Review physician modified POC drug screen #2 to #1, cyclobenzaprine 5 mg #90 to #15, and Lyrica 150 mg #90 to #15.

IMR ISSUES, DECISIONS AND RATIONALES

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

POC Drug screen Qty: 2.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

Decision rationale: MTUS recommends urine drug testing as an option to assess for aberrant behavior. The records do not discuss risk factors for aberrant behavior or screening for potential misuse of prescribed drugs or a proposed frequency of urine drug testing based on such screening. Without such additional details, the records and guidelines do not support this request. In particular, the rationale for quantity 2 urine drug screens is unclear. The request is not medically necessary.

Cyclobenzaprine 5mg Qty: 90.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: MTUS recommends the use of non-sedating muscle relaxants for short-term use only. This guideline recommends Cyclobenzaprine/Flexeril only for a short course of therapy. The records in this case do not provide an alternate rationale to support longer or ongoing use, particularly given concurrent intrathecal drug therapy. This request is not medically necessary.

Lyrica 150mg Qty: 90.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: MTUS discusses anti-epilepsy drugs in detail, noting that this category of medications may be beneficial for neuropathic pain. The records in this case do not clearly document a neuropathic pain diagnosis, nor do the records clearly document specific improvement or benefit from past use of this medication. An indication for this medication is particularly not apparent given concurrent intrathecal drug administration. For these reasons, this request is not medically necessary.