

Case Number:	CM15-0015028		
Date Assigned:	02/03/2015	Date of Injury:	07/07/2014
Decision Date:	03/27/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/27/2015

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: California, Hawaii
 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 37 year old female sustained a work related injury on 07/07/2014 that occurred as a result of a motor vehicle accident. According to a progress report dated 11/18/2014 a urine drug screen was performed. The provider noted that the injured worker showed no signs of intoxication or withdrawal. Diagnoses included cervical radiculopathy, cervical facet syndrome, cervical strain, spasm of muscle, carpal tunnel syndrome, shoulder pain, thoracic pain and lateral epicondylitis. Prescriptions included Naprosyn, Neurontin and Norco. The injured worker was on modified duty. According to a progress report dated 12/16/2014, the injured worker reported increased cervical neck pain and right shoulder pain with increasing radicular upper extremity pain, acute pain in the neck, upper back, mid back, lower back, right shoulder, right arm, bilateral elbows, bilateral wrists and bilateral hands over the past four months. Pain was associated with numbness and tingling in her right hand and right leg as well as weakness in her right arm and right hand. Pain was rated 6 on a scale of 0-10 at best and a 10 at its worst. Pain was described as sharp throbbing, dull, aching, pressure-like and cramping with muscle pain, pain and needles sensation and skin sensitivity to light touch. Neurontin was discontinued due to side effects and excessive dizziness. A trial of Lyrica was prescribed. According to the provider, a CURES report was ran and was appropriate for previous prescriptions and providers. A urine toxicology screen was completed and the results were negative for all substances. Send out was positive for Tramadol. The injured worker remained on modified duty. On 01/12/2015, Utilization Review non-certified a urine drug screen with the date of service of 11/18/2014, a urine drug screen with the date of service of 12/16/2014 and Lyrica 75mg. According to the Utilization Review

physician, in regards to the urine drug screen, there was no report of aberrant drug behavior, medication misuse or other concerns of opioid addiction or drug seeking to support the urine drug screen conducted on 11/18/2014 and 12/16/2014. Lyrica is only advocated per the Food and Drug Administration for post-herpetic neuralgia, diabetic neuropathy or fibromyalgia. There was no report of these diagnostic findings in the treatment notes. There was no report regarding first line agents trialed for suspected neuralgia or neuropathic pain, including tricyclic antidepressants or serotonin norepinephrine reuptake inhibitors. Guidelines cited for this review included CA MTUS Chronic Pain Medical Treatment Guidelines and CA MTUS ACOEM Practice Guidelines. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen dos 11-18-14: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-77.

Decision rationale: The patient presents with increased cervical neck pain and right shoulder pain increasing radicular upper extremity pain, acute pain in the neck, upper back, mid back, lower back, right shoulder, right arm, bilateral elbows, bilateral wrists and bilateral hands over the past four months. The current request is for Urine drug screen dos 11-18-14. The treating physician states on 11/18/14 (32B) at this time I will take over as primary treating physician for this patient's pain. He goes on to state, we will prescribe the following short-acting medication in hopes of pain relief and improved function; Norco and later states Urine Toxicology Screen was completed in clinic and the results are negative for all substances. MTUS guidelines discuss Drug Testing, and state, Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. For more information, see Opioids, criteria for use: (2) Steps to Take before a Therapeutic Trial of Opioids. When reviewing the MTUS Guidelines, Steps to take before a Therapeutic Trial of Opioids we find MTUS states consider the use of a urine drug screen to assess for the use or the presence of illegal drugs. ODG states Urine drug test is recommended at the onset of treatment of a new patient who is already receiving a controlled substance or when chronic opioid management is considered. In this case, the patient is treating with a new Primary Treating Physician and has started a new opioid while under his care, possibly adding to the previous treatment medication plan of Tramadol or possibly replacing previous medication, the medical records do no indicate which. In this case, the treating physician had documented the introduction of a new opioid and thus the current request is medically necessary and the recommendation is for authorization.

Urine drug screen dos 12-16-14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain (Chronic), Urine drug testing (UDT)

Decision rationale: The patient presents with increased cervical neck pain and right shoulder pain increasing radicular upper extremity pain, acute pain in the neck, upper back, mid back, lower back, right shoulder, right arm, bilateral elbows, bilateral wrists and bilateral hands over the past four months. The current request is for Urine Drug Screen (UDS) dos 12-16-14. The previous UDS was on 11-18-14. The treating physician on 12/16/14 (B15) states, Urine Toxicology Screen was completed in clinic and the results are negative for all substances. Send out was + for Tramadol. The treating physician also prescribes Norco at the time of the treating report following a previous denial. ODG states Urine drug test is recommended at the onset of treatment of a new patient who is already receiving a controlled substance or when chronic opioid management is considered. The ODG guidelines go on to state that the frequency of urine drug testing should be based on risk stratification. In this case, the patient has been prescribed a previous denied opioid, Norco and thus a new opioid is being prescribed. However, the last UDS was less than a month ago and the clinical documentation provided does not discuss if the patient is at low risk (1 time yearly), medium risk (2-3 times yearly) or high risk (up to monthly) for addiction/aberrant behavior. Without appropriate risk stratification the current request is not medically necessary. Recommendation is for denial.

Lyrica 75mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica) Page(s): 99.

Decision rationale: The patient presents with increased cervical neck pain and right shoulder pain increasing radicular upper extremity pain, acute pain in the neck, upper back, mid back, lower back, right shoulder, right arm, bilateral elbows, bilateral wrists and bilateral hands over the past four months. The current request is for Lyrica 75mg. The treating physician on 12/16/14 (B13) states we will prescribe the following neuropathic pain medication: Trial of Lyrica 75mg PO QHS x 30 days. D/C Neurontin 300 mg 1CAP QHS due to side effects and excessive dizziness. MTUS guidelines support the usage of Lyrica for neuropathic pain, diabetic neuropathy and postherpetic neuralgia. In this case, the treating physician has made an initial request for a trial of Lyrica and has documented in the clinical history that the patient's lower back pain radiates down to her right lower extremity. The treating physician has prescribed a medication that is supported by MTUS for the treatment of radiating pain into the legs. Ongoing usage will require appropriate supporting documentation as outlined in MTUS. Recommendation is for authorization.