

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0153159 | | |
| Date Assigned: | 09/23/2014 | Date of Injury: | 03/25/2009 |
| Decision Date: | 11/06/2014 | UR Denial Date: | 09/16/2014 |
| Priority: | Standard | Application Received: | 09/19/2014 |

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. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Nephrology and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 60 year old patient had a date of injury on 3/25/2009. The mechanism of injury was not noted. In a progress note dated 8/29/2014, the patient complains of severe pain which is 10/10 even with her medications. There is severe left hip pain, and the patient appears very rigid and in low mood. On a physical exam dated 8/29/2014, the objective findings included physical exam was deferred today due to the patient being in severe distress. The diagnostic impression shows lumbar radiculopathy, post-laminectomy syndrome, status post failed two level fusion 2009, chronic pain syndrome. Treatment to date: medication therapy, behavioral modification, surgery. A UR decision dated 9/16/2014 denied the request for urine toxicology screen, stating the 8/28/2014 report does not document that the patient has a high risk of drug misuse to warrant 6 drug screens in less than a year, as the drug screens were performed on 12/17/2013, 3/21/2014, 4/22/2014, 7/18/2014, and 8/1/2014. Oxycontin 80mg #90 and oxycodone 10mg #120 were denied, stating that there is no evidence that the patient has returned to work, and the 8/29/2014 report does not document functional benefit from opioid therapy. Gabapentin/flurbiprofen/Flexeril compound cream #240 was denied, stating that gabapentin and Flexeril are not recommended for topical application.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology Screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd, 2011- Guidelines for Chronic use of Opioids page 3

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 222-238.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that a urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. Frequency - Screening is recommended at baseline, randomly at least twice and up to 4 times a year and at termination. However, in the 8/29/2014 progress report, there was no discussion regarding this patient being at risk for aberrant behavior. Furthermore, no rationale was provided regarding why this patient requires more than 4 urine drug screens in the year 2014. Therefore, the request for urine toxicology screen is not medically necessary.

Oxycontin 80mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, in the 8/29/2014 progress report, there was no documented functional improvement noted from the opioid regimen. Furthermore, the patient claims that the pain is 10/10 with medications. Therefore, the request for Oxycontin 80mg #90 is not medically necessary.

Oxycodone 10mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, in the 829/2014 progress report, there was no documented functional improvement

noted from the opioid regimen. Furthermore, the patient claims that the pain is 10/10 with medications. Therefore, the request for Oxycontin 10mg #120 is not medically necessary.

Gabapentin/ Flurbiprofen/Flexeril compound cream 240gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25, 28, 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other anti-epilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In the 8/29/2014 progress report, there was no discussion regarding failure of 1st line oral analgesics. Furthermore, Gabapentin is not recommended in topical formulation. Therefore, the request for Gabapentin/flurbiprofen/Flexeril #240 compound is not medically necessary.