

<b>Case Number:</b>	CM13-0014268		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	05/04/2010
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	08/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2013

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine, 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:

The patient is a 53-year-old female who was injured on 05/04/2010. Per documentation, while closing the door and while holding onto a leash of a dog (weighing approximately 60 pounds) when suddenly the dog pulled her, jerking her body and she experienced a "pop" to her left knee. The patient was able to keep from falling by holding onto the walls. She experienced immediate left knee pain with associated swelling. Prior treatment history has included postoperative rehabilitative therapy. On 09/24/2011, the patient underwent total left knee replacement. The injured worker's diagnoses include chronic left knee pain, patellofemoral arthralgia, lumbar musculoligamentous sprain/strain, and lumbar radiculitis. The disputed issues of this case include a urine drug screen, Neurontin, and a hot/cold therapy unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 HOT/COLD THERAPY UNIT, BETWEEN 6/19/2013 AND 10/5/2013:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 44. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Cold/heat packs; Continuous-flow cryotherapy.

**Decision rationale:** According to the Official Disability Guidelines (ODG), continuous cryotherapy device is recommended as an option after surgery, but not for nonsurgical treatment. The requested device is not supported by the evidence-based guidelines. There is inadequate clinical evidence to substantiate that hot-cold unit is more efficacious than standard ice/cold and hot packs. The references state mechanical circulating units with pumps have not been proven to be more effective than passive hot and cold therapy. Simple at home applications of heat and cold are thought to suffice for delivery of heat or cold therapy. The request for hot/cold therapy unit is not medically necessary.

**1 PRESCRIPTION OF NEURONTIN 600MG, BETWEEN 6/19/2013 AND 10/5/2013:**

Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Gabapentin (Neurontin®) Page(s): 49.

**Decision rationale:** Kasimcan, O. (2010) Efficacy of gabapentin for radiculopathy caused by lumbar spinal stenosis and lumbar disk herniation. *Neurol Med Chir (Tokyo)*. 50(12):1070-3; Levin, O. S. & et al. (2009). Efficacy of gabapentin in patients with discogenic lumbosacral radiculopathy. *Zh Nevrol Psikhiatr Im S S Korsakova*.109(12):60-5.

**1 URINE DRUG SCREEN, BETWEEN 6/19/2013 AND 6/19/2013:**

**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 (Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Opioids, Indicators for addiction Page(s): 87-91.

**Decision rationale:** According to the guidelines, urine toxicology screening should be considered for patients maintained on an opioid medication regimen when issues regarding dependence, abuse, or misuse are present. The medical records do not document the patient's current medication regimen includes opioids. In addition, the treating physician has not documented any aberrant or suspicious drug seeking behavior. Based on this, and absence of support within the evidence based guidelines, it does not appear that a urine drug screen is necessary. The medical necessity of the requested urine drug screen is not established.