

Case Number:	CM13-0016896		
Date Assigned:	09/23/2013	Date of Injury:	10/19/2007
Decision Date:	01/29/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	08/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation 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 physician 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 37-year-old male who reported an injury on 10/19/2007. The mechanism of injury was not provided for review. The patient's chronic pain was treated conservatively with medications. The patient's medical history is significant for lumbar spinal fusion at the L4-5 and L5-S1. The patient was monitored for aberrant behavior with urine drug screens. The patient's medication schedule included Flexeril 10 mg 3 times a day, naproxen 500 mg, Vicodin 5/500 mg, and gabapentin 300 mg twice a day. The patient's most recent physical exam findings included tenderness to palpation of the lumbar spine, a positive straight leg raising test bilaterally, palpable tenderness along both sciatic nerves, and a limited lumbar range of motion. The patient's diagnoses included lumbago, lumbar stenosis, lumbar radiculopathy, bilateral sciatica, constipation, and muscle spasms. The patient's treatment plan was to continue medication usage.

IMR ISSUES, DECISIONS AND RATIONALES

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

One urine drug screen: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: The request for 1 urine drug screen is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has been using opioid medication to manage chronic pain for an extended duration of time. The California Medical Treatment and Utilization Schedule recommends urine drug screens when there is suspicion of aberrant behavior or illicit drug use. The clinical documentation submitted for review does provide evidence that the patient already underwent 2 urine drug screens in 2013. There is no evidence within the documentation of aberrant behavior or suspicion of illicit drug use to support an additional urine drug screen due to high-risk behavior. Additionally, there is no evidence to support that drug testing couldn't be handled at the office level with point of care testing. As such, the requested 1 urine drug screen is not medically necessary or appropriate.

Gabapentin 300mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 60-49.

Decision rationale: The requested Gabapentin 300mg is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has continued pain and functional limitations. The California Medical Treatment and Utilization Schedule recommends the continued use of medications in the management of chronic pain be supported by significant pain relief and functional benefit. The clinical documentation submitted for review does not provide any evidence of pain relief or functional benefit as it is related to this medication. As such, the requested Gabapentin 300mg is not medically necessary or appropriate.