

<b>Case Number:</b>	CM13-0019519		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	01/20/2009
<b>Decision Date:</b>	01/07/2014	<b>UR Denial Date:</b>	08/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2013

### 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 & 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 underlying date of injury in this case is 01/20/2009. This patient is a 36-year-old man. His treating diagnoses include cephalgia, cervical strain with radiculopathy, left shoulder avulsion injury with possible tear, status post crush injury, reflective pain in the mid and low back, sleep disturbance, anxiety, and stress.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nucynta ER 250mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Page(s): 78.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects for opiates. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids. The guidelines recommend to discontinue opioids if there is no overall improvement in function, unless there are extenuating circumstances. The medical records in this case outline at most subjective improvement in function without clear

improvement meeting the criteria of the four domains of opioid management in the treatment guidelines. The guidelines do not support the continued use of opioids in this case. The request for Nucynta 250 mg is not medically necessary and appropriate.

**Gabapentin 600 #120: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptic Medication Page(s): 18.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that gabapentin has been considered as a first-line treatment for neuropathic pain. The guidelines do not require a specific degree of reduction in pain scale reported by the prior reviewer. Overall, the guidelines for neuropathic pain do not contain strict requirements for functional improvement such as for opioids; rather, reports of subjective improvement in pain are sufficient to support an indication for gabapentin for neuropathic pain, particularly when other drug classes are being tapered. The guidelines do support gabapentin. The request for gabapentin 600mg is medically necessary and appropriate.

**Skelaxin 800mg #90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscles Relaxants Page(s): 63.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The guidelines do not support an indication for ongoing use of this medication in a chronic setting, and the records do not provide alternate rationale for its use. The request for Skelaxin 800mg is not medically necessary and appropriate

**urine drug screen: Overturned**

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

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines indicate that drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. Given this patient's history of ongoing substantial opioid use with minimal

improvement in function and a recommendation to taper or discontinue opioid use, the guidelines would support a urine drug Final Determination Letter for IMR Case Number [REDACTED] screen in order to monitor the patient's opioid taper. Therefore, the guidelines do support this request. The request for a urine drug screen is medically necessary and appropriate.

**laboratory studies including a complete blood count (CBC) and comprehensive metabolic panel (CMP): 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 Page(s): 70.

**Decision rationale:** Laboratory studies should be based upon a need to rule out a specific condition or based upon specific prescribed medications. For example, the Chronic Pain Medical Treatment Guidelines state regarding anti-inflammatory medications that it is recommended to perform periodic lab monitoring of a CBC and chemistry profile. In this case, it is not indicated in the records that this patient is taking anti-inflammatory medication on a chronic basis. Overall, the rationale or indication for such laboratory evaluation is not apparent from the records and guidelines. The request for laboratory evaluations is not medically necessary and appropriate

**Quarterly urine drug testing: Upheld**

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

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines indicate that drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. Particularly given that there has been a recommendation to taper and discontinue opioids, the remaining duration of opioid use at this time appears to be limited. Therefore urine drug screens 4 times per year are not supported by the clinical history. The request for quarterly urine drug testing is not medically necessary and appropriate.