

Case Number:	CM13-0032028		
Date Assigned:	12/11/2013	Date of Injury:	09/14/2012
Decision Date:	02/10/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	10/04/2013

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 Internal Medicine, has a subspecialty in Pulmonary Disease 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 33-year-old male who reported an injury on 12/16/2009. The patient is currently diagnosed with lumbar radiculopathy, chronic pain syndrome, chronic pain-related insomnia, myofascial pain syndrome, neuropathic pain, chronic pain related depression, and prescription narcotic dependence. The patient was seen by [REDACTED] on 12/05/2013. The patient reported 4/10 pain with medication. Physical examination was not provided. Treatment recommendations included continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 94-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Opioids, criteria for use Page(s): s 43, 77, 89.

Decision rationale: The Chronic Pain 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, and the use of drug screening is supported with issues of abuse, addiction or poor pain control. As per the clinical notes submitted, there is no indication of non-compliance or misuse of medication.

Therefore, the current request cannot be determined as medically appropriate. As such, the request is non-certified.

Sinralyne PM #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Insomnia Treatment.

Decision rationale: The Official Disability Guidelines indicate that insomnia treatment is recommended based on etiology. Empirically-supported treatment includes stimulus control, progressive muscle relaxation, and paradoxical intention. As per the clinical notes submitted, the patient does not maintain a diagnosis of chronic insomnia. There is also no evidence that this patient has failed to respond to no pharmacologic treatment. Based on the clinical information received, the request is non-certified

Gabapentin 500mg #60: 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 Antiepilepsy drugs (AEDs) Page(s): s 16-18.

Decision rationale: The Chronic Pain Guidelines indicate that anti-epilepsy drugs are recommended for neuropathic pain. Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia, and has been considered as a first-line treatment for neuropathic pain. As per the clinical notes submitted, the patient has continuously utilized this medication. Despite the ongoing use, the patient continues to report persistent pain. Physical examination was not provided. Therefore, there is no indication of functional improvement. Based on the clinical information received, the request is non-certified.

Medrox patch #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 112-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): s 111-113.

Decision rationale: The Chronic Pain Guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants

have failed. Any compounded product that contains at least 1 drug that is not recommended is not recommended as a whole. As per the clinical notes submitted, there is no indication of a failure to respond to first-line oral medication prior to initiation of a topical analgesic. Based on the clinical information received and the guidelines, the request is non-certified.