MAXIMUS Federal Services

Case Number:	CM13-0035309		
Date Assigned:	12/13/2013	Date of Injury:	06/15/2012
Decision Date:	02/27/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/16/2013

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, has a subspecialty in Pain Medicine and is licensed to practice in Ohio and Texaas. 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 65-year-old male who reported an injury on 06/15/2012. The mechanism of injury was not provided in the medical records. His diagnoses are listed as right shoulder bursitis with acromioclavicular joint pain, L4-5 spondylolisthesis with right lower extremity radiculopathy and facet syndrome. The patient's symptoms include back pain, leg pain, and left shoulder pain. Objective findings include tenderness to palpation of the lumbar paraspinal muscles, muscle spasm and guarding in the lumbar spine, limited range of motion in the lumbar spine, and positive right sided straight leg raise test. It was noted that a urine drug test was obtained to monitor his medication use at his 08/14/2013 office visit. His medications were noted to include gabapentin 600 mg 3 times a day as needed, hydrocodone/APAP 10/325 mg every 6 to 8 hours as needed, and tramadol/APAP 37.5/325 mg every 6 to 8 hours as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urinalysis: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

Decision rationale: The California MTUS Guidelines state that for the ongoing monitoring of patients taking opioid medications, urine drug testing may be recommended for patients with issues of abuse, addiction, or poor pain control. The clinical information submitted for review failed to address whether there have been any issues of abuse, aberrant drug taking behaviors, or pain control. Therefore, the request is not supported.

Tramadol/APAP 37.5/325mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7894.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

Decision rationale: The California MTUS Guidelines state that for patients taking opioid medications, ongoing review and detailed documentation of pain relief, functional status, appropriate medication use, and the 4 A's for ongoing monitoring is required. The "4 A's" are noted to include analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The clinical information submitted for review failed to comment on the patient's pain relief following use of opioid medications, whether he has had any side effects, whether he is using the medication appropriately, and the 4 A's were not specifically addressed. Therefore, the request is not supported. For this reason, the request is non-certified.

Gabapentin 600mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-17.

Decision rationale: The California MTUS Guidelines state that gabapentin has been shown to be effective for the treatment of neuropathic pain and is considered a first line treatment. Additionally, the guidelines state that patients who have less than a 30% reduction in pain with the use of an antiepilepsy drug should be switched to a different first line agent or another agent should be added to the AED. It further states that after initiation of treatment, there should be specific documentation of pain relief and improvement in function, as well as documentation of side effects. The clinical information submitted for review fails to show this detailed documentation regarding the patient's outcome on the medication, whether he receives a greater than 30% reduction to his symptoms, and whether he has any increased function. Therefore, the request is not supported.