

Case Number:	CM13-0041049		
Date Assigned:	12/27/2013	Date of Injury:	01/17/2002
Decision Date:	03/18/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	10/29/2013

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 Occupational 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome, chronic neck pain, and psychological stress associated with cumulative trauma at work. Thus far, the applicant has been treated with analgesic medications, adjuvant medications, multilevel cervical fusion surgery on March 1, 2011, and the imposition of permanent work restrictions. The applicant has not resumed his former work as a construction laborer, it is noted. In a December 14, 2013 progress note, the applicant presents with persistent neck pain radiating to the arms. He is status post radiofrequency rhizotomy procedure. He is on supplemental testosterone. Electrodiagnostic testing is pending. The applicant exhibits well preserved, 5/5 upper extremity strength. He has burning pain about the feet. He is under the concurrent care of an urologist. He attributes the headaches to a cervical fusion procedure. Psychology notes from December 2013 state that the applicant continues to report foot pain/radiating leg pain. He has no energy, is depressed, lies around all day, and has issues with motivation.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 Gabapentin 600mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19.

Decision rationale: As noted in the MTUS Chronic Pain Medical Treatment Guidelines, an applicant should be asked at each visit as to whether Gabapentin is generating appropriate analgesia and/or improvement in function. The recommended trial period for Gabapentin is 3-8 weeks for titration purposes and 1-2 weeks at maximum tolerated dose. In this case, the applicant has been using Gabapentin for an extended, protracted amount of time. Significant pain complaints persist. The applicant continues to have complaints of neuropathic pain about the arms and legs. There is no evidence that Gabapentin has attenuated or ameliorated this. There is no evidence of improved function effected as a result of ongoing Gabapentin usage. Therefore, the request is not certified.

30 Oxycodone/Acetaminophen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

Decision rationale: As noted in the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved function, and/or reduced pain effected as a result of the same. In this case, these criteria have not been met. The applicant has failed to return to work. The more recent office suggests heightened pain complaints and reduced function. The application is lying around all day, the attending provider has noted. While this may, in part, be a function of the applicant's comorbid mental health issues, it also suggests that prior opioid therapy has been unsuccessful. Therefore, the request is not certified.

60 Percocet 10/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

Decision rationale: As noted in the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioid should be prescribed to improve pain and function. In this case, however, two separate prescriptions for short-acting Percocet/Oxycodone and acetaminophen have been issued. No clear rationale for the same has been provided by the attending provider. As noted previously, the applicant's failure to return to work, decreased energy level, decreased motivation levels, and heightened pain complaints, taken together, suggest that the claimant has failed to meet criteria set forth in the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Therefore, the request is not certified.

urine drug screen: 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 based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: While the MTUS Chronic Pain Medical Treatment Guidelines do support intermittent urine drug testing in the chronic pain population to assess for the presence or use of illegal drugs, the MTUS does not establish specific parameters for or a frequency with which to perform urine drug testing. As noted in the [REDACTED], the cardinal criteria for urine drug testing include provision of an applicant's complete medication list along with the request for authorization for drug testing, provision of a list of those drug tests and/or drug panels which an attending provider is testing for, and/or providing the last date when an applicant was tested. In this case, these criteria were not met. The attending provider did not clearly state which drug tests and/or drug panels he intended to test for. The attending provider did not furnish the applicant's complete medication list with each visit. The attending provider did not state when the last time the applicant was tested. Therefore, the request for drug testing is not certified.