

Case Number:	CM13-0043830		
Date Assigned:	12/27/2013	Date of Injury:	04/07/2009
Decision Date:	02/26/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	10/31/2013

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 Anesthesiology, has a subspecialty in Pain Management 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 56-year-old male who reported an injury on 04/07/2009. The patient reportedly had a history of lead and toxin exposure, which has resulted in fatigue, weakness, diffuse myalgias throughout arms and legs, as well as multiple joint achy pain of his upper and lower extremities. A review of the patient's 12/03/2013 evaluation, the patient's axial pain was worse than extremity pain. The patient had previously been taking Norco for pain and rated his pain level as a 3/10 with the use of Norco versus a 7/10 without the use of Norco. The patient also was able to complete activities of daily living, including personal hygiene, food preparation, and basic home care with the use of Norco. The patient had also been taking gabapentin for his neuropathic pain, which was decreased to 2/10 with the use of the medication where his spasms and pain were concerned, as compared to a 6/10 without gabapentin. The patient was most recently seen on 12/31/2013, with an additional report of industrially-related pain to his teeth. On the physical exam findings, the patient was noted to have axial pain worse than extremity pain, lumbar, thoracic, cervical, upper extremity, and lower extremity ranges of motion were restricted by pain in all directions secondary to lead poisoning. Lumbar discogenic, thoracic, cervical, lower extremity, and upper extremity provocative maneuvers were all positive. There were also nerve root tension signs negative bilaterally. Muscle stretch reflexes were symmetric bilaterally in all limbs, with an absence of clonus, Babinski's, and Hoffmann's signs bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin; 300mg #180: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin®), Specific Anti-epilepsy Drugs Page(s): 49, 19.

Decision rationale: Regarding the request for gabapentin 300 mg, #180 modified to #28; under California MTUS, it states that gabapentin is an anti-epilepsy drug which 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. It further states that gabapentin should not be abruptly discontinued, although this recommendation is made based on seizure therapy. In the case of this patient, he has been utilizing gabapentin for several months, and according to the documentation dated 10/31/2013, the patient had a prospective request for 1 prescription of gabapentin 300 mg 180 tablets that was modified to a certification of 1 prescription of gabapentin 300 mg, total of 28. Approximately 2 weeks after that, the patient was certified for gabapentin 300 mg 152 tablets, and then less than a month later, was approved for another 180 tablets. On 12/31/2013, the patient was again given a prescription for gabapentin 300 mg to be taken as 2 tablets by mouth 3 times a day, a total of 180 with no refills. The most recent clinical documentation does not indicate this medication has been useful in reducing the patient's pain. There are no objective measurements pertaining to the efficacy of the medication from 10/2013 through 12/2013. At this time, the medical necessity for the continuation of the use of gabapentin cannot be established. However, as this medication should not be abruptly discontinued, the requested service is certified.

12 Panel Urine Drug Screen: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Opioids Page(s): 67-73, 74-96.

Decision rationale: Under California MTUS, it states that drug testing using a urine drug screen to assess for the use or the presence of illegal drugs is recommended as an option. Under the opioid heading, it states that the use of a urine drug screen to assess for the use or the presence of illegal drugs is recommended. Urine drug screens also assist the physician in monitoring the patient for medication compliance, abuse, tolerance, and addictive behaviors. In the case of this patient, he has been utilizing gabapentin, as well as Norco for several months to treat his ongoing chronic pain. Therefore, it is considered medically appropriate for the physician to request random urine drug screens for monitoring this patient for compliance and effectiveness of his opioid and anti-epilepsy drug use. As such, the requested service is deemed medically necessary and is certified.

