

<b>Case Number:</b>	CM14-0018030		
<b>Date Assigned:</b>	04/14/2014	<b>Date of Injury:</b>	07/14/2008
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	02/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Family Practice and is licensed to practice in Texas. 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 expert 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 injured worker is a 55-year-old female who reported an injury on 07/14/2008. The mechanism of injury involved a motor vehicle accident. Current diagnoses include lumbar facet syndrome, lumbar spondylosis, and low back pain. The injured worker was evaluated on 01/17/2014. The injured worker reported persistent pain in the lower back, left shoulder, and bilateral hips. Physical examination revealed restricted lumbar range of motion, hypertonicity, spasm, positive facet loading maneuver, positive Faber's testing, and intact sensation. Treatment recommendations included a urine drug screen and continuation of current medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NEURONTIN 300MG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN TREATMENT GUIDELINES, ,

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 16-18

**Decision rationale:** California MTUS Guidelines state anti-epilepsy drugs are recommended for neuropathic pain. There is no frequency or quantity listed in the current request. Therefore, the request is non-certified.

**RETROSPECTIVE URINE SCREEN, DOS: 1/17/14:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN TREATMENT GUIDELINES, , 77

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , PAGE 43, 77, AND 89

**Decision rationale:** California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification. As per the documentation submitted, there is no indication of noncompliance or misuse of medication. There is also no indication that this injured worker falls under a high risk category that would require frequent monitoring. Therefore, the medical necessity for repeat testing has not been established. As such, the request is non-certified.