

Case Number:	CM14-0152875		
Date Assigned:	09/23/2014	Date of Injury:	04/12/2002
Decision Date:	10/27/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/19/2014

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 Pain Medicine and is licensed to practice in Minnesota. 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 male. The date of birth was not provided. The mechanism of injury was not provided. No clinical documentation was provided for review. The requests were for urine drug screen, gabapentin 600 mg, MS Contin 15 mg, and capsaicin cream. No rationale was provided for these requests. The request for authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: The request for urine drug screen is not medically necessary. No clinical documentation was provided. The California MTUS Chronic Pain Guidelines recommend drug testing as an option using urine drug screen to assess for the use or the presence of illegal drugs before a therapeutic trial of opioids and during ongoing management of opioid therapy. No indication of aberrant behaviors was provided. No previous urine drug screen or the results thereof was provided. Therefore, the request for urine drug screen is not medically necessary.

Gabapentin 600 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49.

Decision rationale: The request for gabapentin 600 mg is not medically necessary. No clinical documentation was provided for review. The California MTUS Chronic Pain Guidelines recommend gabapentin as a first line treatment for neuropathic pain. No diagnosis of neuropathic pain was provided. Additionally, the request did not include a frequency of dosing. Therefore, the request for gabapentin 600 mg #90 is not medically necessary.

MS Contin 15 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93.

Decision rationale: The request for MS Contin 15 mg #60 is not medically necessary. No clinical documentation was provided for review. The California MTUS Chronic Pain Medical Treatment Guidelines recommend controlled, extended and sustained release preparations of morphine sulfate to be reserved for patients with chronic pain, who are in need of continuous treatment. No documentation was provided that the injured worker has a diagnosis of chronic pain or is in need of continuous treatment. Additionally, the request did not include a frequency dosing. Therefore, the request for MS Contin 15 mg #60 is not medically necessary.

Capsaicin cream (Caps 0.5%/Cyclo 4%): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical, Topical Analgesics Page(s): 28, 111-113.

Decision rationale: The request for capsaicin cream (Caps 0.5%/Cyclo 4%) is not medically necessary. No clinical documentation was provided for review. The California MTUS Chronic Pain Guidelines recommend capsaicin 0.025% formulation as the treatment for osteoarthritis and 0.075% formulation for postherpetic neuralgia, diabetic neuropathy, and post mastectomy pain. There is no evidence for use for any other muscle relaxant as a topical product. No documentation of a diagnosis requiring a topical analgesic was provided. Additionally, the

request did not indicate a site for application, frequency of dosing, or an amount of dosing. Therefore, the request for capsaicin cream (Caps 0.5%/Cyclo 4%) is not medically necessary.