

Case Number:	CM14-0174838		
Date Assigned:	10/28/2014	Date of Injury:	05/03/2011
Decision Date:	12/08/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/22/2014

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 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 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:

Patient had a date of injury on 5/3/2011. Patient injured her back. Mechanism of injury is not stated in the medical records. MRI of the lumbar spine on 2/13/2013 showed postop decompression changes at L4-L5 with enhancing pericecal and perineural granulation tissue, 3mm deep by 1.83 cm in width posterior disc herniation. No neural compression. Urine drug screen on 12/16/2013 and 9/17/014 was negative for opioids

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 800 MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs).

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

Decision rationale: According to medical records Neurontin is used for neuropathic pain including diabetic neuropathy. Based on the medical records there is no diagnosis of neuropathy thus Neurontin is not medically necessary.

Full Panel Urine Drug Screen: Upheld

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

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

Decision rationale: Urine Drug screens are used to assess the use or presence of illegal drugs or compliance with prescribed medications. According to the medical records it is documented that the patient will be weaning off of opioids and this a urine drug screen is not medically necessary.