

Case Number:	CM14-0029334		
Date Assigned:	06/20/2014	Date of Injury:	09/06/2011
Decision Date:	08/13/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/07/2014

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 Physical Medicine and Rehabilitation 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:

The injured worker is a 58-year-old male who reported an injury on 09/08/2011. The mechanism of injury was not provided within the medical records. The clinical note dated 02/05/2014 indicated diagnoses of lumbar facet arthropathy, lumbosacral strain, and lumbago. The injured worker reported low back pain that radiated down both legs to his feet. The injured worker described the pain as sharp and intermittent. The injured worker reported prolonged sitting, standing, and bending made his pain worse. The injured worker reported rest and lying down made his pain better. The injured worker reported his pain level without taking pain medication was 3- 4/10; with pain medication it was 2/10. The injured worker reported Gabapentin and Percocet were his medications. The injured worker stated he doesn't take his medications as prescribed; he took his medications as needed. The injured worker reported the medications helped alleviate pain in his lower back and when he took his medication, he received about 60% relief. On physical examination, the injured worker had moderate to severe pain with lumbar flexion and extension and mild to moderate palpable spasms to the bilateral lumbar paraspinal muscles. The injured worker's prior treatments included diagnostic imaging, surgery, physical therapy, and medication management. The injured worker's medication regimen included Gabapentin and Percocet. The provider submitted a request for Gabapentin and a urine drug screen. A request for authorization dated 02/07/2014 was submitted for Gabapentin; however, a rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 400mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin), Gabarone, Anti-Epileptic Page(s): 18-19, 49, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SPECIFIC ANTI-EPILEPSY DRUGS Page(s): 18.

Decision rationale: The California MTUS Guidelines recognize Gabapentin/Neurontin 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. Although the injured worker reported relief with the Gabapentin, there was a lack of functional improvement with the use of this medication. In addition, the request did not indicate a frequency. Therefore, the request is not medically necessary.

Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Steps to avoid misuse/addiction.

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

Decision rationale: The California MTUS Guidelines recommend drug testing as an option, using a urine drug screen to assess for the use or the presence of illegal drugs, including the aberrant behavior and opioid monitoring to rule out non-compliant behavior. The documentation provided did not indicate the injured worker displayed any aberrant behaviors, drug-seeking behaviors, or that the injured worker was suspected of illegal drug use. In addition, the provider did not indicate a rationale for the request. Therefore, the request for a urine drug screen is not medically necessary.