MAXIMUS Federal Services

Case Number:	CM14-0043822		
Date Assigned:	07/02/2014	Date of Injury:	06/25/2009
Decision Date:	08/28/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/10/2014

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 35-year-old female with a reported date of injury on 06/25/2009. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include cervical spine degenerative disc disease, right shoulder impingement syndrome, lumbosacral spine degenerative disc disease, lumbar radiculitis/neuritis, chronic pain syndrome, and anxiety/severe depression. Her previous treatments were noted to include physical therapy, chiropractic care, acupuncture, epidural steroid injections, medial branch blocks, and medications. The progress note dated 03/11/2014 revealed the injured worker complained of pain to the cervical spine, right shoulder, and lumbar spine. The physical examination of the cervical spine revealed decreased range of motion with pain. The physical examination of the shoulder revealed positive impingement test for the right shoulder and the range of motion was decreased due to pain. The grip strength test was noted to be decreased. The physical examination of the lumbar spine noted spasming in the lumbar spine and the range of motion was decreased due to pain. The injured worker was prescribed Norco 10/325 mg 1 tablet every 6 to 8 hours as needed for pain #120 and Gabapentin 800 mg by mouth every 8 hours for pain #90. The request for authorization form was not submitted within the medical records. The request was for Norco 10/325 mg #120 and Gabapentin 800 mg #90 for pain and monthly urine toxicology urine drug screens to determine the injured worker's level of prescription medication utilization as well as adherence to narcotic drug contract.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management, page 78 Page(s): 78.

Decision rationale: The injured worker has been utilizing this medication since at least 09/2013. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use and side effects. The guidelines also state that the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors should be addressed. There is a lack of documentation regarding evidence of decreased pain on a numerical scale with the use of medications, improved functional status, and side effects. The injured worker's most recent urine drug screen was performed 12/2013 with consistent results of medication therapy. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Gabapentin 800MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16-17.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16.

Decision rationale: The injured worker has been utilizing this medication since at least 09/2013. The California Chronic Pain Medical Treatment Guidelines recommend antiepileptic drugs for neuropathic pain (pain due to nerve damage). There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. Most randomized controlled trials for the use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy. There are few randomized controlled trials directed at central pain and none for pain radiculopathy. There is a lack of documentation regarding the efficacy of this medication. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Monthly urine toxicology urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Opioids, steps to avoid misuse/addiction Page(s): 43, 94.

Decision rationale: The most recent urine screening was performed 03/2014. The California Chronic Pain Medical Treatment Guidelines recommend drug testing as an option to assess for the use or the presence of illegal drugs. The guidelines recommend frequent random urine toxicology screens for those at high risks of opioid abuse. The previous urine drug screens have shown consistence with therapy and there is a lack of documentation regarding the injured worker showing signs of substance abuse to warrant monthly urine toxicology drug screening. Therefore, the request is not medically necessary.