

Case Number:	CM14-0051399		
Date Assigned:	06/23/2014	Date of Injury:	07/11/1995
Decision Date:	08/08/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/20/2014

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 Arizona. 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 is a 65 year old female with a date of injury on 7/11/1995. Diagnoses include lumbar post-laminectomy pain syndrome, lumbar radiculopathy, and chronic pain syndrome. Subjective complaints are of low back pain on the left side that radiates to the left leg. Physical exam shows restricted lumbar range of motion, positive straight leg raise test, and decreased sensation to light touch in the left lower extremity. Medications include Percocet 7.5/325mg three times a day as needed, gabapentin 300mg twice a day, valium, and Cymbalta. Documentation indicates that medication makes pain tolerable, and is without side effects. A prescription for #90 Percocet reportedly lasts three months for as needed use. Urine drug screen on 11/19/13 did not show evidence of Percocet. Office visit from 11/19/13 states that last time patient took Percocet was two weeks prior to visit, and that prior urine toxicology was consistent.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 7.5/325, three times a day as needed, #100 for lumbar spine pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain-Neuropathic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS
Page(s): 74-96.

Decision rationale: CA MTUS states that opioids should be discontinued if there is no overall improvement in function, continued pain with evidence of intolerable side effects, decrease in function, or resolution of pain. CA Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. For this patient, utilization of Percocet is very infrequent, yet repeat prescriptions are issued frequently. Since the patient is not using Percocet, or using it sparingly such that it cannot be identified on urine toxicology, its continued use is not indicated. Therefore, the medical necessity for Percocet is not established.

Gabapentin capsules, 300 mg, twice a day, #60 for lumbar pain: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin, Anti-Epilepsy Drug; Gabapentin (Neurontin) Page(s): 49, 59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AEDs Page(s): 16.

Decision rationale: CA MTUS indicates that gabapentin is an anti-seizure medication is recommended as a first line treatment for neuropathic pain. CA MTUS also adds that following initiation of treatment there should be documentation of pain relief and functional improvement. The continued use of an antiepileptic drug (AED) for neuropathic pain depends on these improved outcomes. Review of the submitted medical records identifies signs and symptoms of neuropathic pain and that gabapentin helped provide pain relief and functional improvement. Therefore, the medical necessity for gabapentin is established.

Urine toxicology screen for lumbar pain: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, urine Drug Screen; Official Disability Guidelines, Pain Chapter, Urine Drug Screens.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PAIN, URINE DRUG SCREENING.

Decision rationale: CA MTUS supports using drug screening to test for illegal drugs and compliance with medication regimens. The ODG recommends use of urine drug screening as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. For "low risk" patients of addiction/aberrant behavior, testing should be done within six months of initiation of therapy and on a yearly basis thereafter. This patient is not documented to have aberrant behavior, and has been stable on chronic medications. The patient is taking opioids, and there has been documentation of previous drug screens within six months. Therefore, the medical necessity of additional urine drug screens is not established at this time.