

Case Number:	CM14-0061487		
Date Assigned:	07/09/2014	Date of Injury:	11/17/2011
Decision Date:	09/08/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/02/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 47 year old male who sustained multiple injuries to the right side of his body as a result of a fall from 7 feet on 11/17/11. Records indicate that the injured worker has multiple complaints regarding the right shoulder, right knee, and low back as a result of this event. Records indicate that he has been chronically prescribed oral medications. Treatment to date has included 64 sessions of physical therapy, 30 degrees of acupuncture, lumbar epidural steroid injection x 3, right knee arthroscopy performed on 04/20/13 and right knee arthroscopy performed on 03/18/14. The records include multiple urine drug screens. Urine drug screens dated 08/16/13, 09/24/13, 10/29/13, and 01/17/14 are negative for any medications whatsoever. Urine drug screens dated 12/03/13, 02/27/14 and 03/27/14 were positive for Tramadol. The record contains a utilization review determination dated 04/24/14 in which a urinalysis toxicology screen, a prescription of Gabapentin 600mg #90 with 2 refills, and a prescription of Tramadol 50mg #90 with 1 refill were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Urinalysis (UA) toxicology screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Steps to avoid misuse of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Pages 74-80 Page(s): 74-80.

Decision rationale: The request for a urine toxicology screen is medically necessary. The submitted clinical records indicate that the injured worker has undergone multiple urine drug screens which have reflected compliance on 12/03/13, 02/27/14 and 03/27/14. However, prior urine drug screens indicate that the injured worker was not utilizing tramadol as prescribed and therefore, the request for urine drug screens is medically necessary.

Prescription of Gabapentin 600mg, #90 with 2 refills: Overturned

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 Antiepilepsy drugs (AEDs), pages 16-22 Page(s): 16-22.

Decision rationale: The request for Gabapentin 600mg #90 with 2 refills is medically necessary. The submitted clinical records indicate that the injured worker has evidence of neuropathic pain. Per physical examination, there is decreased sensation in the right L4-5 dermatomes. Reflexes and motor strength are intact. The sensory anomaly is consistent with radiculopathy and therefore, the request of Gabapentin 600mg #90 with 2 refills is medically necessary.

Prescription of Tramadol 50mg, #90 with 1 refill: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: The request for Tramadol 500mg #90 with 1 refill is medically necessary. During the time period in question, the injured worker was status post right knee arthroscopy. A postoperative urine drug screen indicates that the injured worker was taking his Tramadol as prescribed. Narcotic analgesia is clearly indicated in the immediate postoperative period. As such, the request for Tramadol 50mg #90 with 1 refill is medically necessary.