

Case Number:	CM15-0002926		
Date Assigned:	01/13/2015	Date of Injury:	08/01/2007
Decision Date:	03/17/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/07/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 36 year old female, who sustained an industrial injury on 08/01/2007. She has reported low back pain. The diagnoses have included cervical spine strain, thoracic spine strain, lumbar spine disc bulge, left shoulder strain, right shoulder tendinosis, and L5-S1 spondylolisthesis. Treatment to date has included medications and surgical intervention. Medications have included Norco, Gabapentin, Anaprox, and Flexeril. Surgical intervention has included a posterior lumbar interbody fusion at L5-S1, performed on 12/14/2013. A progress note from the treating physician, dated 11/20/2014, documents a follow-up evaluation of the injured worker. The injured worker reported that she is taking Norco for pain and has last taken it yesterday. Objective findings included intact sensation. The plan of treatment was listed to include continuation of medications, Norco and Neurontin; and follow up with urinalysis. On 12/15/2014 Utilization Review non-certified a prescription for Neurontin 300 mg, QTY: 30, noting unspecified indications. The MTUS, Chronic Pain Medical Treatment Guidelines: Anti-Epilepsy Drugs was cited. On 12/15/2014 Utilization Review non-certified a prescription for Urinalysis, QTY: 1, noting the lack of specific medical indications. The MTUS, Chronic Pain Medical Treatment Guidelines: Criteria for Use of Opioids were cited. On 01/05/2015, the injured worker submitted an application for IMR for review of Neurontin 300 mg, QTY: 30, and a prescription for Urinalysis, QTY: 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 300mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 18-19.

Decision rationale: The patient presents with low back pain. The request is for NEURONTIN 300MG #30. The patient is status post lumbar spine laminectomy at L5-S1 on 12/14/13, per operative report, for the diagnosis of L5-S2 spondylolisthesis with pars defect. Patient's diagnosis also included thoracic spine strain, and lumbar spine disc bulge, per Request for Authorization form dated 11/20/14. Patient's medications include Norco and Neurontin. Treater states "temporary total disability would have been reasonable from initial lost work time circa 02/2008 to 10/09/14, due to cumulative trauma injury." The patient may work with restrictions, per treater report dated 10/09/14. MTUS has the following regarding Gabapentin on pages 18,19: "Gabapentin (Neurontin, Gabarone, generic available) 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." Neurontin was prescribed in progress reports dated 07/03/14, 09/18/14, 11/20/14, and 12/18/14. Treater has not discussed reason for the request, nor medication efficacy. MTUS page 60 states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Therefore, the request IS NOT medically necessary.

Urinalysis: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77, 78, and 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Pain chapter, Urine drug testing

Decision rationale: The patient presents with low back pain. The request is for URINALYSIS. The patient is status post lumbar spine laminectomy at L5-S1 on 12/14/13, per operative report, for the diagnosis of L5-S2 spondylolisthesis with pars defect. Patient's diagnosis also included thoracic spine strain, and lumbar spine disc bulge, per Request for Authorization form dated 11/20/14. Patient's medications include Norco and Neurontin. Treater states "temporary total disability would have been reasonable from initial lost work time circa 02/2008 to 10/09/14, due to cumulative trauma injury." The patient may work with restrictions, per treater report dated 10/09/14. MTUS Chronic Pain Medical Treatment Guidelines, for Drug Testing, page 43 states: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. ODG-TWC Guidelines, online, Pain chapter for Urine Drug Testing states: Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing

should be for the questioned drugs only. MTUS does support urine drug screens for compliance or aberrant behavior. However, the issue in this case appears to be the frequency of drug testing. MTUS does not specifically discuss the frequency that urine drug screens should be performed. ODG is more specific on the topic and recommends urine drug screens on a yearly basis if the patient is at low risk. Per treater report dated 07/03/14, the patient's urinalysis was positive for opiates. Another toxicology report was obtained on 10/23/14 with compliant results. It is not known why another UDS is being requested or performed. The treater does not document that this patient is a moderate or high risk opiate user requiring more frequent UDS's than once a year or so. Therefore, the request IS NOT medically necessary.