

Case Number:	CM15-0161910		
Date Assigned:	08/27/2015	Date of Injury:	05/09/2004
Decision Date:	10/05/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/17/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 62-year-old who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of May 9, 2004. In a Utilization Review report dated August 7, 2015, the claims administrator failed to approve requests for Neurontin and a urinary creatinine assay. The claims administrator referenced an RFA form received on July 29, 2015 and an associated progress note of July 21, 2015 in its determination. On June 24, 2015, the applicant did undergo drug testing which was positive for opioids. Creatinine was assayed on this date. Non-standard drug testing to include confirmatory and quantitative testing on multiple opioid and anticonvulsant metabolites was performed. On July 21, 2015, the applicant reported ongoing complaints of shoulder and neck pain, 7/10 with medications versus 10/10 without medications. The attending provider contended that the applicant's ability to dress and bathe himself and shop had all been ameliorated as a result of ongoing medication consumption. The attending provider also contended that the applicant's ability to brush her teeth had also been ameliorated as a result of medication consumption. Neurontin, Norco, and drug testing to include the urinary creatinine assay were sought. The applicant was deemed permanently disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 600mg #60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neurontin (Gabapentin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin, Gabarone TM, generic available) Page(s): 19.

Decision rationale: No, the request for Neurontin, an anticonvulsant and adjuvant medication, was not medically necessary, medically appropriate, or indicated here. As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants on Neurontin (gabapentin) should be asked at each visit as to whether there have been improvements in pain and/or function achieved as a result of the same. Here, however, the applicant was off of work and had been deemed permanently disabled, it was reported on July 21, 2015, despite ongoing Neurontin usage. Ongoing usage of Neurontin failed to curtail the applicant's dependence on opioid agents such as Norco. While the attending provider did state that the applicant's pain scores had been reduced from 10/10 without medications to 7/10 with medications, these reports were, however, outweighed by the applicant's failure to return to work, the attending provider's proclamation of permanent disability on July 21, 2015, and the failure of Neurontin to curtail the applicant's dependence on opioid agents such as Norco, which the applicant was using at a rate of six times daily as of July 1, 2015, all of which, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request is not medically necessary.

One assay of urine creatinine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines Clearinghouse.

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 (Chronic), Urine drug testing (UDT).

Decision rationale: Similarly, the request for a urine creatinine assay was likewise not medically necessary, medically appropriate, or indicated here. The request in question was framed as a request for urinary creatinine assay to be performed in conjunction with urine drug testing on July 21, 2015. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend drug testing as an option to assess for the presence or absence of illicit drugs, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. ODG's Chronic Pain Chapter Urine Drug Testing, however, stipulates that an attending provider attach an applicant's complete medication list to the request for authorization for testing, eschew confirmatory and/or quantitative testing outside of the emergency department drug overdose context, attempt to conform to the best practices of the United States of Transportation when performing drug testing, and attempt to categorize applicants into higher- or lower-risk categories for whom more or less frequent drug testing would be indicated. Here, the attending provider did not state why he was seeking drug testing on July 21, 2015, i.e., one

month after the applicant had received previous drug testing on June 24, 2015. On June 24, 2015, confirmatory and quantitative testing were performed, despite the unfavorable ODG position on the same. Non-standard drug testing of multiple different opioid and anticonvulsant metabolites was performed. Since multiple ODG criteria for pursuit of drug testing were not met, the request was not indicated. Therefore, the request for drug testing to include a urinary creatinine assay is not medically necessary.