MAXIMUS Federal Services

Case Number:	CM15-0193508		
Date Assigned:	10/07/2015	Date of Injury:	02/16/2010
Decision Date:	11/16/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	10/01/2015

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: 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 injured worker is a 54 year old female with an industrial injury date of 02-16-2010. Medical record review indicates she is being treated for cervical spine sprain and strain with right upper extremity radiculopathy, right carpal tunnel release, right cubital tunnel release and medial and lateral epicondylitis. Subjective complaints 08-10-2015 included right wrist and shoulder pain, which had increased in the prior 4 weeks. The injured worker noted pain was increased with gripping and grasping. Pain was decreased by home exercise program and medication. Associated symptoms were documented as numbness, weakness and soreness. The provider documented the following in regards to activities of daily living - better able to do housework, bathing and self-care, dressing and improved participation in home exercise program. The pain is rated as 3-4 out of 10 with medications and 7-8 out of 10 without medications. The duration of relief is documented as 6-8 hours. The injured worker was rated "permanent and stationary" on 08-10-2015. His medications included Norco and Neurontin. Other medications ordered by psychiatry included Ambien, Alprazolam, Buspar, Wellbutrin and Seroquel. Prior treatments included medications. Medical record review does not indicate how long the injured worker has been taking Neurontin. Objective findings included decreased sensation in the right upper extremity in the median-ulnar nerve distribution. The treatment plan included to increase Neurontin to address increased neuropathic pain. Urine toxicology screen was ordered on 01-08-2015. Review of medical records does not indicate a urine drug screening report. On 09-02-2015 the request for one (1) random urine sample and Neurontin 600 mg, #60 were non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 600mg, #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-epilepsy drugs (AEDs).

Decision rationale: MTUS Guidelines clearly support a trial of increased dosing of Neurontin up to the maximum tolerated dose for neuropathic pain disorders. This individual has an inadequate response to the prior low dosing and this request is a trial of increased dosing which is Guideline supported and well accepted medical practice. The dosing adjustment may take a few months as the dose may be adjusted more than once over a few months time, but this can be re-reviewed in the future if there are no apparent benefits. At this point in time the Neurontin 600mg, #60 is supported by Guidelines and is medically necessary.

One (1) random urine sample: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for Use of Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain/Urine Drug Screening.

Decision rationale: MTUS Guidelines supports the rationale use of urine drug screens when opioid are utilized. However, the MTUS Guidelines do not provide any details regarding what is considered rationale use of drug screens (i.e. type and frequency). If there is a low risk of misuse, the Guidelines recommend screening on an annual basis. This individual is documented to be in a low risk category for misuse and a prior drug screen was ordered less than a year ago. There are no unusual circumstances to justify an exception to the Guideline recommendations. At this point in time, the repeat urine drug screen is not supported by Guidelines and is not medically necessary.