

Case Number:	CM15-0203748		
Date Assigned:	10/20/2015	Date of Injury:	06/18/2013
Decision Date:	12/02/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/16/2015

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: Montana, Oregon, Idaho Certification(s)/Specialty: Orthopedic Surgery

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 was a 49 year old male, who sustained an industrial injury, June 18, 2013. The injured worker was undergoing treatment for bilateral lumbar radiculopathy, lumbar stenosis, lumbar HNP (herniated nucleus pulposus), lumbar myofascial pain and lumbar facet arthropathy. According to progress note of August 20, 2015, the injured worker's chief complaint was low back pain and right knee pain. The pain radiated into the lower extremities to the feet. The pain was worse on the right than the left. The injured worker reported the pain was 4 out of 10. The injured worker reported popping within the left knee. The injured worker reported sitting, standing, and walking for prolonged periods of time aggravated the pain and lying down on the stomach helped alleviate the pain. The injured worker reported the pain as severe. The physical exam noted the 14 point review of symptoms was negative except for back and left knee pain. The urine drug screening on August 20, 2015, was positive for Methamphetamine, which is common in over the counter products such as Vicks. The injured worker previously received the following treatments lumbar corset, epidural injection, Gabapentin 600mg 3 times daily, Prilosec, Naprosyn, Norco, Voltaren tablets, Aspirin, home exercise program, heat therapy, Ketoprofen 20% cream and Relafen. The RFA (request for authorization) dated August 20, 2015, the following treatments were requested a new prescription for Gabapentin 10% cream and a urine drug screening. The UR (utilization review board) denied certification on September 16, 2015; for a prescription for Gabapentin 10% cream and a urine drug screening.

IMR ISSUES, DECISIONS AND RATIONALES

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

One urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain.

Decision rationale: According to the CA MTUS, Chronic Pain Medical Treatment Guidelines, page 43, drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs, use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control, recommend screening for the risk of addiction prior to initiating opioid therapy. It is important to attempt to identify individuals who have the potential to develop aberrant drug use both prior to the prescribing of opioids and while actively undergoing this treatment. Most screening occurs after the claimant is already on opioids on a chronic basis, and consists of screens for aberrant behavior/misuse. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. Ongoing monitoring: (1) If a patient has evidence of a "high risk" of addiction (including evidence of a comorbid psychiatric disorder (such as depression, anxiety, attention-deficit disorder, obsessive-compulsive disorder, bipolar disorder, and/or schizophrenia), has a history of aberrant behavior, personal or family history of substance dependence (addiction), or a personal history of sexual or physical trauma, ongoing urine drug testing is indicated as an adjunct to monitoring along with clinical exams and pill counts. (2) If dose increases are not decreasing pain and increasing function, consideration of UDT should be made to aid in evaluating medication compliance and adherence. 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. In this case the submitted records indicate that the injured worker was "low risk" of addiction of aberrant behavior, a drug test from 7/14/15 demonstrated compliance with prescribed medications. Therefore, according to the cited guidelines, another urine drug test was not indicated for another 12 months. Therefore the request is not medically necessary.

CM1-Gabapentine 10%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, Topical analgesics, page 111-112 "Largely experimental in use with few

randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Gabapentin is not recommended for topical use. The request does not meet criteria set forth in the guidelines and therefore the request is not medically necessary.