

Case Number:	CM15-0217365		
Date Assigned:	11/09/2015	Date of Injury:	10/27/1975
Decision Date:	12/21/2015	UR Denial Date:	10/04/2015
Priority:	Standard	Application Received:	11/04/2015

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 63 year old male, who sustained an industrial injury on 10-27-1975. A review of the medical records indicates that the worker is undergoing treatment for lumbar post-laminectomy syndrome, thoracic or lumbosacral neuritis or radiculitis and unspecified derangement of joint of upper arm. Treatment has included Hydrocodone-APAP, Robaxin, Opana, Gabapentin (since at least 2014), Cyclobenzaprine, Nabumetone, Oxycodone, Voltaren gel, Ketoprofen powder, Morphine, radiofrequency neurotomy of cervical medial branch nerves, physical therapy and spinal cord stimulator placement. Subjective complaints (07-21-2015, 08-18-2015 and 09-18-2015) included low back and neck pain and headaches. Medications were noted to decrease pain from 9 out of 10 to 3 out of 10. The physician noted that medications precipitated functional gains including substantial assistance with activities of daily living, mobility, exercise program and restorative sleep. Objective findings (07-21-2015, 08-18-2015 and 09-18-2015) included pain with range of motion of the lumbar spine, diminished bilateral ankle reflexes, diminishes left knee reflex, decreased sensation of the right lateral leg and dorsum of the foot and posterior leg. On 08-18-2015, the physician noted that random urine drug testing was routinely performed to monitor compliance and that there was no evidence of impairment or abuse with urine drug testing being consistent with prescribed medications. A urine drug test was performed that day with no inconsistencies documented. Requests for Gabapentin, quantitative confirmatory urine drug screen as part of pain management agreement and office policy and home therapy exercise pool were submitted. The urine drug screen was performed that day and results were included for review. A utilization review dated 10-04-2015

non-certified requests for Gabapentin 300 mg #120, home therapy exercise pool #1 and quantitative-confirmatory urine drug screen #1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

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

Decision rationale: The MTUS Guidelines recommend the use of antiepilepsy drugs for neuropathic pain. Most randomized controlled trials for the use of antiepilepsy drugs for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy, with polyneuropathy being the most common example. There are few RCTs directed at central pain, and none for painful radiculopathy. A good response to the use of antiepilepsy drugs has been defined as a 50% reduction in pain and a moderate response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response to this magnitude may be the trigger for switching to a different first line agent, or combination therapy if treatment with a single drug fails. After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of antiepilepsy drugs depends on improved outcomes versus tolerability of adverse effects. Gabapentin 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. The clinical documentation does clearly show that the injured worker has neuropathic symptoms. The injured worker is reported to having improved pain and in activities of daily living. He is currently prescribed 300mg of Gabapentin 1 tablet, 4 times a day #120. This medication is appropriate in this case. The request for Gabapentin 300mg #120 is determined to be medically necessary.

Home therapy exercise pool #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter/Durable Medical Equipment (DME) Section.

Decision rationale: The MTUS Guidelines recommend the use of aquatic therapy as an optional form of exercise therapy as an alternative to land-based therapy. Aquatic therapy can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable. Physical medicine is intended to have fading of treatment frequency as the patient

replaces guided therapy with a home exercise program. The total number of sessions recommended for neuralgia, neuritis, and radiculitis is 9-10 visits over 4 weeks. Per the ODG, durable medical equipment is recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below. Most bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. Medical conditions that result in physical limitations for patients may require patient education and modifications to the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature. Certain DME toilet items (commodes, bedpans, etc.) are medically necessary if the patient is bed- or room-confined, and devices such as raised toilet seats, commode chairs, sitz baths and portable whirlpools may be medically necessary when prescribed as part of a medical treatment plan for injury, infection, or conditions that result in physical limitations. Many assistive devices, such as electric garage door openers, microwave ovens, and golf carts, were designed for the fully mobile, independent adult, and Medicare does not cover most of these items. The term DME is defined as equipment which: (1) Can withstand repeated use, i.e., could normally be rented, and used by successive patients; (2) Is primarily and customarily used to serve a medical purpose; (3) Generally is not useful to a person in the absence of illness or injury; & (4) Is appropriate for use in a patient's home. In this case, while aquatic therapy may be appropriate for the injured worker, a home exercise pool does not meet the intentions of the guidelines. The request for home therapy exercise pool #1 is determined to not be medically necessary.

Quantitative/confirmatory urine drug screen #1: 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), Pain (Chronic): Urine drug testing (UDT).

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 Chapter/Urine Drug Screen Section.

Decision rationale: The use of urine drug screening is recommended by the MTUS Guidelines, in particular, when patients are being prescribed opioid pain medications and there are concerns of abuse, addiction, or poor pain control. Per the Official Disability Guidelines (ODG), urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. This information includes clinical observation, results of addiction screening, pill counts, and prescription drug monitoring reports. The prescribing clinician should also pay close attention to information provided by family members, other providers and pharmacy personnel. The frequency of urine drug testing may be dictated by state and local laws. Per the established guidelines, confirmatory testing is not necessary unless the urine drug test is inappropriate or there are unexpected results. In this case, the last urine drug test was conducted on 09/18/15 and the results were consistent with prescribed medications. Per the available documentation and the prescribed guidelines, the injured worker is considered a low risk for aberrant behaviors and confirmatory tests are not warranted. The request for quantitative/confirmatory urine drug screen #1 is considered to not be medically necessary.