

Case Number:	CM15-0051614		
Date Assigned:	04/08/2015	Date of Injury:	07/27/2011
Decision Date:	05/06/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/18/2015

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 56 year old male, who sustained an industrial injury on July 27, 2011. The injured worker was diagnosed as having lumbar disc protrusion, multi-level lumbar laminectomy, fusion and discectomy, lumbar bulging disc, erectile dysfunction and right hydrocele. Treatment and diagnostic studies to date have included multiple surgeries and medication. A progress note dated October 14, 2014 provides the injured worker complains of low back pain and difficulty walking and changing from sitting or standing. He has difficulty sleeping due to pain. Pain is rated 9/10. Physical exam notes use of a cane for ambulation. X-ray and magnetic resonance imaging (MRI) were reviewed. The plan includes medication and follow-up. Urological consult dated November 12, 2014 notes scrotal testicular pain with erectile dysfunction and urinary symptoms related to back problems. The plan includes medication and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC, pain procedure summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioid management Page(s): 77. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Urine drug testing.

Decision rationale: The 56 year old patient complains of pain and discomfort in the lower back along with aching sensation in bilateral shoulders, bilateral elbows, bilateral wrists, right knee, and left lower extremity, rated at 9/10, as per progress report dated 11/13/14. The request is for URINE TOXICOLOGY SCREEN. The RFA for the case is dated 09/10/14, and the patient's date of injury is 07/27/11. The patient is status post lumbar laminectomy and discectomy at L4-5; status post revision laminectomy, bilateral facetectomy, spinal fusion at L4-5; and status post transforaminal lumbar interbody fusion at L4-5 with cage and banked cancellous bone on 05/16/12, as per progress report dated 11/13/14. Diagnoses included multilevel disc protrusion, disc desiccation, and disc bulge. Medications, as per progress report dated 08/20/14, included Gabapentin, Ultracet and Omeprazole. The patient is temporarily totally disabled, as per progress report dated 11/13/14. MTUS p77, under opioid management: (j) "Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." ODG has the following criteria regarding Urine Drug Screen: 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. Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. Patients at "high risk" of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders." In this case, the patient has been prescribed Ultracet (an opioid), as per progress report dated 08/20/14. The request for urine toxicology screening is also noted in the same progress report. As per the UR denial letter, an urine toxicology screening was performed on 12/05/14 after RFA date and before UR denial date with no inconsistencies. Nonetheless, the reports do not document the duration of opioid therapy and toxicology tests done in the past. The treating physician does not discuss the patient's opioid dependence risk as well. The reports lack relevant documentation required to make a determination based on MTUS. Hence, the request is Not medically necessary.

Gabapentin 300 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs.

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

Decision rationale: The 56 year old patient complains of pain and discomfort in the lower back along with aching sensation in bilateral shoulders, bilateral elbows, bilateral wrists, right knee,

and left lower extremity, rated at 9/10, as per progress report dated 11/13/14. The request is for GABAPENTIN 300 mg # 90. The RFA for the case is dated 09/10/14, and the patient's date of injury is 07/27/11. The patient is status post lumbar laminectomy and discectomy at L4-5; status post revision laminectomy, bilateral facetectomy, spinal fusion at L4-5; and status post transforaminal lumbar interbody fusion at L4-5 with cage and banked cancellous bone on 05/16/12, as per progress report dated 11/13/14. Diagnoses included multilevel disc protrusion, disc desiccation, and disc bulge. Medications, as per progress report dated 08/20/14, included Gabapentin, Ultracet and Omeprazole. The patient is temporarily totally disabled, as per progress report dated 11/13/14. MTUS has the following regarding Gabapentin on pg 18, 19: "Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and posttherapeutic neuralgia and has been considered as a first-line treatment for neuropathic pain." In this case, the patient suffers from low back pain and lumbar radiculopathy and has been prescribed Gabapentin, as per progress report dated 08/20/14. The treating physician, however, does not document subjective reduction in pain and improvement in function due to prior use of the medication, as required by MTUS page 60. Hence, the request for Gabapentin Is Not medically necessary.