

Case Number:	CM14-0148405		
Date Assigned:	09/18/2014	Date of Injury:	08/27/2009
Decision Date:	12/19/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/12/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 33 year old female, who sustained a work related injury to the lower back on August 27, 2009. Treatment has consisted of oral and topical anti-inflammatory medication, oral and topical pain medication, Medrox patches, Theramine, ice therapy machine, transcutaneous electrical nerve stimulation (TENS) unit, physical therapy with home exercise program, and a lumbar epidural steroidal injection (caudal approach) on September 27, 2013. The current diagnoses consist of lumbar radiculopathy, chronic pain syndrome, myofascial pain, neuropathic pain and chronic pain related insomnia. According to the physician's progress report on May 8, 2014, the most recent magnetic resonance imaging of the lumbar spine noted some findings of a 2-3 mm disc bulge. The injured worker continues to experience low back pain with radiation to the left buttock and left leg. Work status is defined as instructed to Future Medical Care according to the physician progress reports. The treating physician has requested an Independent Medical Review for a urine drug screen, Lumbar Epidural Steroid Injections (caudal approach) with epidurogram and Gabadone 2 at hour of sleep. On September 10, 2014, the Utilization Review non-certified the prescription for a urine drug screen due lack of documentation of reporting the medical necessity of monthly testing without results of subsequent reports. The Lumbar Epidural Steroidal Injections (caudal approach) with epidurogram was non-certified due to no documentation of benefit in pain, function and decrease in medication and Gabadone 2 at hour of sleep was non-certified since there is no specific dietary deficiency in the injured worker and the medical necessity for Gabadone has not been established. The decision process was based on the Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines, Drug Testing and Criteria for Epidural Steroidal Injections, ACOEM Guidelines, Low back chapter regarding medical foods and efficacy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen, quantity (QTY): 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines); Urine Drug screen

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Substance Abuse Page(s): 97.

Decision rationale: Urine Drug Screen (UDS) quantity 1 is not medically necessary. Per CA MTUS, guideline on urine drug screen indicates to assess for the use or the presence of illegal drugs as an option in patients on chronic opioids, and recommends screening for the risk of addiction prior to initiating opioid therapy. However, these guidelines did not address the type of UDS to perform, or the frequency of testing. The ODG guidelines also recommends UDS testing using point of care immunoassay testing prior to initiating chronic opioid therapy, and if this test is appropriate, confirmatory laboratory testing is not required. Further urine drug testing frequency should be based on documented evidence of risk stratification including use of the testing instrument with patients' at low risk of addiction, aberrant behavior. There is no reason to perform confirmatory testing unless tests is an appropriate orders on expected results, and if required, a confirmatory testing should be for the question drugs only. If urine drug test is negative for the prescribed scheduled drug, confirmatory testing is strongly recommended for the question drug. The claimant already had five urine drug screens for the year that were consistent; therefore a urine drug screen is not medically necessary.

Lumbar epidural steroid injection (caudal approach), with epidurogram QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI's (epidural steroid injections) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lumbar Epidural Steroid Injection Page(s): 47.

Decision rationale: Lumbar epidural steroid injection (caudal approach), with epidurogram QTY: 1 is not medically necessary. The California MTUS page 47 states "the purpose of epidural steroid injections is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone is no significant long-term functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment, injections should be performed using fluoroscopy, if the ESI is for diagnostic purposes a maximum of 2 injections should be performed. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 interlaminar level should be injected at one session. In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional

improvement, including at least 50% pain relief with associated reduction of medication use for 6-8 weeks, with the general recommendation of no more than 4 blocks per region per year. Current research does not support a series of 3 injections in either the diagnostic or therapeutic phase. We recommend no more than 2 epidural steroid injections." The physical exam did indicate lumbar radiculitis. There was no mention of a positive straight leg raise bilaterally. Additionally, the MRI result does not corroborate lumbar radiculitis and is not consistent with the physical exam. The requested service is not medically necessary.

Gabadone 2 at HS QTY: 120: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 125.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Gabadone

Decision rationale: Gabadone 2 at HS, QTY: 120, is not medically necessary. Per ODG, Gabadone "is not recommended. Gabadone is a medical food from physician therapeutics that is a proprietary blend of GABA and choline bitartrate, L-arginine, and L-serine. It is intended for use in the management of pain syndromes that include acute pain, chronic pain, fibromyalgia, neuropathic pain, and inflammatory pain." Additionally, there are not high quality peer-reviewed literatures that suggest that GABA is indicated; there is no know medical need for choline supplementation; L-Arginine is not indicated in references for pain or inflammation; there is not an indication for the use of L-Serine. Per ODG, Gabadone is not recommended and therefore not medically necessary.