

Case Number:	CM14-0149971		
Date Assigned:	09/18/2014	Date of Injury:	08/04/2005
Decision Date:	10/17/2014	UR Denial Date:	09/06/2014
Priority:	Standard	Application Received:	09/15/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 60 years old female with an injury date on 08/04/05. Based on the 08/20/2014 progress report provided by [REDACTED], the diagnoses are: 1. Chronic pain syndrome; 2. Postlaminectomy syndrome, lumbar region; 3. Degeneration of lumbar or lumbosacral intervertebral disc; 4. Persistent disorder of initiating or maintaining sleep; 5. Spasm of muscle; 6. Obesity, unspecified; 7. Gastric ulcer, unspecified as acute or chronic, without mention of hemorrhage or perforation, with obstruction. According to this report, the patient complains of chronic low back pain radiating into both legs and numbness and mild weakness of the bilateral legs. Pain is rated as a 10/10 at its worse and an 8/10 at its least. The patient's current medications are Gabapentin and Tylenol with Codeine #3. Physical exam reveals diffuse facet tenderness bilaterally. Facet loading, is positive, bilaterally. Lumbar range of motion is restricted with pain; especially forward flexion causes radicular pain. Diminished sensation to light touch is noted at L4 distribution on the left. There were no other significant findings noted on this report. The utilization review denied the request on 09/06/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 09/24/2013 to 08/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of gabapentin 100mg #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Anti-epilepsy drug (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin and Pregabalin: Gabapentin (Neurontin) Page(s): 18, 19; 49.

Decision rationale: According to the 08/20/2014 report by [REDACTED] this patient presents with chronic low back pain radiating into both legs and numbness and mild weakness of the bilateral legs. The treating physician is requesting 1 prescription of gabapentin 100mg #60 with 3 refills. Regarding Anti-epileptic (AKA anti-convulsants) drugs for pain, MTUS Guidelines recommend for "treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Gabapentin was first prescribed to the patient on 01/09/2014 report. Review of reports indicates that the patient has neuropathic pain. The ODG guidelines support the use of anti-convulsants for neuropathic pain. However, the treating physician does not mention that this medication is working. There is no discussion regarding the efficacy of the medication. MTUS page 60 require that medication efficacy in terms of pain reduction and functional gains must be discussed when used for chronic pain. Therefore, the request is not medically necessary.

1 Prescription of famotidine 20mg #30 with 4 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation High -dose Histamine type-2 receptor Antagonist (H2RA) Lanza FI, Chan FKL, Quigley EMM, Practice Parameters Committee of the American College of Gastroenterology

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: According to the 08/20/2014 report by [REDACTED] this patient presents with chronic low back pain radiating into both legs and numbness and mild weakness of the bilateral legs. The treating physician is requesting 1 prescription of famotidine 20mg #30 with 4 refills. Famotidine was first mentioned in this report. The MTUS Guidelines state Proton pump inhibitors recommended for patients at risk for gastrointestinal events if used prophylactically for concurrent NSAIDs. MTUS requires proper GI assessment such as the age, concurrent use of anticoagulants, ASA, history of PUD, gastritis, etc. Review of the report show that the patient had "GI ulcer" per patient's GI doctor. However, there is no discussion as to whether or not famotidine is doing anything for the patient. The patient is not current on NSAIDs and prophylactic use of PPI would not be indicated. If GI ulcer is resolved, there would be no reason to continue famotidine for long-term. Given the lack of any discussion, the request is not medically necessary.

1 12-Panel urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Substances abuse (tolerance, dependence, addiction). Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic) Urine Drug Testing (UDT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: According to the 08/20/2014 report by [REDACTED] this patient presents with chronic low back pain radiating into both legs and numbness and mild weakness of the bilateral legs. The treating physician is requesting 1-12 panel urine drug screens. Regarding UDS's, MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, ODG Guidelines provide clearer recommendation. It recommends once yearly urine screen following initial screening with the first 6 months for management of chronic opiate use in low risk patient. In this case, the available medical records indicate the patient is currently on Tylenol with Codeine #3 (a narcotic-like pain reliever). Review of the reports show a recent UDS was done on 07/11/2014. There was no discussion regarding the patient adverse behavior with opiates use. The treating physician does not explain why another UDS is needed. There is no discussion regarding this patient's opiate use risk. Therefore, the request is not medically necessary.