

Case Number:	CM14-0083320		
Date Assigned:	07/21/2014	Date of Injury:	07/10/2007
Decision Date:	10/01/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	06/03/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 injured worker is a 56 year old female who was injured at work on 07/10/2007. She complained of pain in her shoulders, both knees, both wrists and hand. The pain is 4/10 with medications, but 9/10 without medications. This is associated with numbness in the tip of her right hand. The physical examination revealed limited shoulder range of motions. The injured worker has been diagnosed with cervical radiculopathy; cervical sprain; bilateral shoulder sprain/strain; myofascial syndrome; and neuropathic pain. The injured worker is being treated with Voltaren 75mg; Gabadone; Trapadone. The injured worker has been doing urine drug screen during each doctor visit since 02/2014. At dispute are the requests for Voltaren 75mg#45; Gabadone #60; Trapadone #120; and a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 75mg#45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The injured worker sustained a work related injury on 07/10/2007. The medical records provided indicate the diagnosis of cervical radiculopathy; cervical sprain;

Bilateral shoulder sprain/strain; myofascial syndrome; Neuropathic pain . The medical records provided for review do not indicate a medical necessity for Voltaren. The Official Disability Guidelines does not recommend Voltaren 75mg as a first line drug in the treatment of chronic pain due to the increased risk profile. The records did not indicate there has been lack of success with the first line non-steroidal drugs, or with acetaminophen. The "N" drugs are reserved for failed first line drugs. Therefore, this drug is not medically necessary.

Gabadone #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines -Treatment in Workers' Compensation, Pain Procedure Summary, last updated 4/10/2014

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Medical Food, Gabadone

Decision rationale: The injured worker sustained a work related injury on 07/10/2007. The medical records provided indicate the diagnosis of cervical radiculopathy; cervical sprain; Bilateral shoulder sprain/strain; myofascial syndrome; Neuropathic pain . The medical records provided for review do not indicate a medical necessity for Gabadone. Being a medical food, an orphan drug, the guidelines recommend that it must be used under medical supervision. Gabadone is a medical food from [REDACTED]. The Official disability Guidelines states that the Gabadone component is indicated for epilepsy, spasticity and tardive dyskinesia, and there is no high quality peer-reviewed literature that suggests that Gabadone is indicated for treatment of insomnia. The recommended treatment is not medically necessary.

Trapadone #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers' Compensation, Pain Procedure Summary, last updated 4/10/14

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Medical Foods, Trapadone

Decision rationale: The injured worker sustained a work related injury on 07/10/2007. The medical records provided indicate the diagnosis of cervical radiculopathy; cervical sprain; Bilateral shoulder sprain/strain; myofascial syndrome; Neuropathic pain . The medical records provided for review do not indicate a medical necessity for Trapadone #120. Trepadone is a medical food from [REDACTED]. As a medical food, the Official Disability Guidelines recommend that it must be administered under the supervision of a physician. The requested treatment is not medically necessary.

Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers' Compensation, Pain Procedure Summary, last updated 4/10/14 - Urine Drug Testing (UDT)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Urine Drug Screen

Decision rationale: The injured worker sustained a work related injury on 07/10/2007. The medical records provided indicate the diagnosis of cervical radiculopathy; cervical sprain; Bilateral shoulder sprain/strain; myofascial syndrome; Neuropathic pain . The medical records provided for review do not indicate a medical necessity for Urine Drug Screen. The medical records indicate the injured worker has been tested for urine drug screen on monthly basis from 02/2014 to 06/2014. The records did not provide information categorizing the injured worker as high risk for opiates, as to require monthly urine drug testing, neither was there indication the injured worker is on opioid treatment. The requested test is not medically necessary.