MAXIMUS Federal Services

Case Number:	CM15-0118506		
Date Assigned:	06/26/2015	Date of Injury:	05/04/2011
Decision Date:	08/24/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/19/2015

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: Arizona, Michigan
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 37 year old male injured worker suffered an industrial injury on 05/04/2011. The diagnoses included right ankle fracture, open repair internal fixation and removal of hardware, traumatic arthritis of the right ankles, neuropathy of the right leg nerves, pain in the right lower extremity and possible chronic regional pain syndrome. The diagnostics included electromyographic studies. The injured worker had been treated with surgery and medications. On 5/28/2015 the treating provider reported right ankle pain rated 7/10 and low back pain with instability. The treatment plan included Gabapentin 6% in base and Toxicology screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 6% in base, 300 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgeics Page(s): 111-113.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines for Topical Analgesics, for topical Gabapentin is not recommended as there is no peer reviewed literature to support use. The documentation provided indicates that the injured worker has used oral anti-epileptic medications for neuropathy but had side-effects. However the topical formulations are not recommended by the guidelines and there is no indication that the injured worker has trialed and failed all other recommended first line anticonvulsants or antidepressants. Therefore topical Gabapentin is not medically necessary.

Tox 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) urine drug testing.

Decision rationale: Per the MTUS, Drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs before a therapeutic trial of opioids, during ongoing management and to avoid misuse/ addiction. Per the ODG, frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument. A review of the injured workers medical records did not reveal documentation of risk stratification and without this information medical necessity for Urine Drug Test is not established.