

Case Number:	CM15-0125665		
Date Assigned:	07/10/2015	Date of Injury:	07/22/2014
Decision Date:	09/21/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/29/2015

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: New York
 Certification(s)/Specialty: Internal 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 injured worker is a 28 year old male, who sustained an industrial injury on 07/22/2014. He has reported subsequent low back pain and was diagnosed with lumbosacral sprain/strain, lumbar disc displacement and lumbar radiculopathy. X-ray of the lumbar spine dated 04/22/2015 shows no significant abnormalities. Treatment to date has included medication, epidural steroid injections, transcutaneous electrical nerve stimulator (TENS) unit, physical therapy, application of heat and ice and a home exercise program. The injured worker had been prescribed Norco since 01/21/2015. Documentation shows that Gabapentin was prescribed to the injured worker as far back as 02/12/2015. Pain was noted to have improved to 3-6/10 with the use of pain medication but in the most recent PR2 notes dated 04/23/2015 and 05/20/2015, the pain was noted as having worsened after physical therapy was discontinued. In a progress note dated 05/20/2015, the injured worker complained of severe low back pain rated as 9/10. Objective findings were notable for tenderness in the lower lumbar paravertebral musculature. Documentation shows that the injured worker's work status was temporarily totally disabled and the most recent notes show that the injured worker was unable to tolerate work activities. A request for authorization of outpatient follow up consultation to orthopedic, Gabapentin 300 mg #60 and urine drug screen was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient follow up consultation to orthopedic: 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), 2010 Revision, web edition, page 43.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 296-303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, Office Visits.

Decision rationale: As per ACOEM guidelines for the low back "Physical-examination evidence of severe neurologic compromise that correlates with the medical history and test results may indicate a need for immediate consultation." ACOEM indicates that "patients with potentially work-related low back complaints should have follow-up every three to five days by a midlevel practitioner or physical therapist who can counsel the patient about avoiding static positions, medication use, activity modification, and other concerns." As per ODG, "the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment." The most recent progress note does document increasing low back pain but does not document any signs or symptoms indicative of possible red flag conditions. The documentation submitted shows that the injured worker's last orthopedic visit was dated 04/23/2015 and the injured worker was having visits with the primary care physician 1-2 times/month. There is no explanation in the most current progress note as to the reason for the request for another orthopedic consultation at this time. Therefore, documentation is insufficient to establish the medical necessity of the requested service. Outpatient follow up consultation to orthopedic is not medically necessary.

Gabapentin 300mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 16-22.

Decision rationale: As per CA MTUS guidelines, anti-epilepsy drugs are recommended for neuropathic pain. A good response has been defined as 50% reduction in pain and a moderate response has been defined as a 30% reduction in pain. Gabapentin has been shown as effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and is considered a first line treatment for neuropathic pain. As per MTUS, "after initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects." The documentation submitted shows that Gabapentin had been prescribed to the injured worker as far back as 02/12/2015. There was no documentation of significant pain reduction, objective functional improvement or improved quality of life with use of this medication. Although pain initially improved by 50%, after physical therapy was

discontinued, the pain worsened to 8-9/10 despite the use of Gabapentin. Work status remained temporarily totally disabled, the most recent notes show that the injured worker was unable to tolerate work activities and there was no documentation of a significant increase in the ability to perform activities of daily living. Therefore, the request for Gabapentin is not medically necessary.

Urine drug screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic) chapter, Urine Drug Testing.

Decision rationale: As per CA MTUS guidelines, for ongoing management of patients prescribed opioid medication, random frequent urine drug screens is one step to avoid misuse of opioids, especially for those at high risk of abuse. As per ODG, urine drug screening is generally used for testing of new patients who are already receiving a controlled substance, when chronic opioid management is considered and for ongoing monitoring for mis-use or dependence in those patients who are on chronic opioid medication regimens. ODG further states that, "frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument." Patients at high risk should be tested once a month, those at moderate risk should be tested 2-3 times a year and those at low risk should be tested six months after initiation of therapy and on a yearly basis thereafter." The documentation submitted indicates that the injured worker had been prescribed Norco on a chronic basis since 01/21/2015. There is a documented history of drug use and alcoholism a long time ago which was noted to be under control. Physician report dated 05/20/2015 indicates that a risk assessment was performed and an opiate contract was reviewed and signed by the injured worker. There is no documentation from the physician as to why the urine drug screen was necessary. Urine drug screen results documented on the 03/26/2015 office visit noted that the test was positive for Gabapentin and Benzodiazepines. There was no documentation of Benzodiazepines being prescribed to the injured worker and no mention that the test was positive for Norco, suggesting possible inconsistent drug use, however the results were not discussed by the physician and there was no indication of concern regarding the appropriate use of Norco. The documentation submitted is insufficient to establish the medical necessity of the requested service. Therefore, the request for urine drug screen is not medically necessary.