

Case Number:	CM15-0064343		
Date Assigned:	04/10/2015	Date of Injury:	09/27/1996
Decision Date:	06/08/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	04/06/2015

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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 60 year old male, who sustained an industrial injury on September 27, 1996. The mechanism of injury was not provided. He reported chronic neck pain, radiating to the left shoulder upper back and left arm, upper back pain, lower back pain, major depression and bladder disorder. The injured worker was diagnosed as having trigger finger, chronic neck pain, low back pain, depression and status post cervical surgical intervention and left carpal tunnel release. Treatment to date has included radiographic imaging, diagnostic studies, surgical interventions of the left upper extremity and cervical spine, conservative care, medications and work restrictions. Currently, the injured worker complains of continued chronic neck pain, radiating to the left shoulder upper back and left arm, upper back pain, lower back pain, major depression and bladder disorder. The injured worker reported an industrial injury in 1996, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on December 8, 2014, revealed continued pain as noted however there was a significant decrease in intensity with a recent epidural steroid injection. The injured worker as noted to be utilizing 2 tablets per day of buprenorphine, with an occasional increase to 3 tablets when he is more active and using his arms and hands more than usual. The injured worker reported a pain of 3/10 on the VAS with the use of buprenorphine. The injured worker indicated it helped with neck and back pain. Current medications were noted to include baclofen 10 mg one to two as needed, buprenorphine 2 mg tablets 1 under the tongue 4 times a day, and gabapentin 600 mg 1 in the morning, 1 at noon, and 1 at bedtime. The treatment plan included medications 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:

Baclofen 10 MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The California MTUS guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain, less than 3 weeks and there should be documentation of objective functional improvement. The clinical documentation submitted for review failed to provide documentation of objective functional improvement. This was noted to be a current medication that had not been filled since March. The request as submitted failed to indicate the frequency. Given the above, the request for baclofen 10 mg, #30, is not medically necessary.

Buprenorphine 2 MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker was being monitored for aberrant drug behavior and side effects. However, there was a lack of documentation of an objective decrease in pain and an objective functional improvement. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for buprenorphine 2 mg, #30, is not medically necessary.

Gabapentin 600 MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs Page(s): 16.

Decision rationale: The California MTUS guidelines recommend antiepilepsy medications as a first line medication for treatment of neuropathic pain. There should be documentation of an objective decrease in pain of at least 30 % - 50% and objective functional improvement. The clinical documentation submitted for review failed to provide documentation of at least 30% to 50% pain relief, with objective functional improvement with the use of the medication. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for gabapentin 600 mg, #30, is not medically necessary.

Semi-Quantitative Urine Drug Screen for date of service 12/8/14: 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 Ongoing Management Page(s): 78.

Decision rationale: The California MTUS indicates that the use of urine drug screening is for injured workers with documented issues of abuse, addiction, or poor pain control. The clinical documentation submitted for review failed to provide a rationale for a semi-quantitative urine drug screen. There was a lack of documentation indicating the injured worker had issues of abuse, addiction, or poor pain control. Given the above, the request for a semi-quantitative urine drug screen is not medically necessary.