

<b>Case Number:</b>	CM15-0066292		
<b>Date Assigned:</b>	04/14/2015	<b>Date of Injury:</b>	08/17/1999
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	03/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2015

### 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 43 year old male who sustained an industrial injury on 8/17/99. The injured worker reported symptoms in the back. The injured worker was diagnosed as having degeneration of lumbar/lumbosacral intervertebral disc, pain in thoracic spine and lumbago. Treatments to date have included home exercise program, muscle relaxants, analgesic, activity modification, physical therapy, and a transcutaneous electrical nerve stimulation unit. Currently, the injured worker complains of lower right back pain. The plan of care was for a urine drug screen, medication prescriptions and a follow up appointment at a later date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gralise 600 mg Qty 90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs (AEDs) Page(s): 17-19.

**Decision rationale:** According to the CA MTUS (2009) and ODG, Neurontin (Gabapentin) is an anti-epilepsy drug, which has been considered a first-line treatment for neuropathic pain. The records documented that the patient has neuropathic pain related to his chronic low back condition. Neurontin has been part of his medical regimen. The medical records indicate improvement in pain with the use of Gabapentin. Medical necessity for the requested item is established. The requested item is medically necessary.

**Urine Drug Screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids - Criteria for Urine Drug Screen. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines.

**Decision rationale:** According to CA MTUS (2009), a urine drug screen is recommended as an option to assess for the use or the presence of illegal drugs. According to ODG, urine drug testing (UDT) is a recommended tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. In this case, the claimant is not maintained on any opiates or other medications that require monitoring. There is no specific indication for the requested urine drug screen. Medical necessity for the requested item is not established. The requested item is not medically necessary.