

Case Number:	CM15-0095024		
Date Assigned:	05/21/2015	Date of Injury:	06/19/2014
Decision Date:	06/25/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/18/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 30 year old male, who sustained an industrial injury on 6/19/2014. He reported the harness rope was compromised, pinning him against a tree approximately 30 feet in the air. Diagnoses include head injury with concussion, post-concussion symptoms including headache, dizziness, and forgetfulness, and cervical, thoracic, and lumbar sprain/strain associated with disc disease. Treatments to date include medication therapy, physical therapy, chiropractic therapy and acupuncture. Currently, he complained of increased low back pain with improved cervical pain, status post cervical epidural steroid injection on 4/2/15. The pain was rated 8/10 VAS with medications and 10/10 without medications. On 4/15/15, the physical examination documented positive straight leg raising test, Patrick's test, facet loading and Spurling's tests. The plan of care included a urinalysis, Horizant 600mg #30, and a lumbar epidural steroid with fluoroscopy at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Horizant 600 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AEDs Page(s): 16-21. Decision based on Non-MTUS Citation Uptodate Online, Horizant Entry.

Decision rationale: Regarding request for gabapentin enacarbil, the Chronic Pain Medical Treatment Guidelines state that anti-epilepsy drugs are recommended for neuropathic pain. Per guidelines, a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. The CPMTG further specifies that 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. In the case of this request, this is a prodrug formulation of gabapentin that is long acting. Specifically, it is FDA approved for post-herpetic neuralgia and restless leg syndrome. Uptodate Online specifies the following: "Postherpetic neuralgia (PHN): Oral: Initial: 600 mg once daily in the morning for 3 days, then increase to 600 mg twice daily; increasing to >1200 mg daily provided no additional benefit and increased side effects. Restless legs syndrome (RLS): Oral: 600 mg once daily (at ~5:00 pm); increasing to 1200 mg daily provided no additional benefit and increased side effects." Within the documentation available for review, there is no identification of any of the above FDA approved conditions. Furthermore, there was no rationale submitted or failure of gabapentin noted. Given this, the current request is not medically necessary.

Urinalysis (and How Often Should be Tested): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug testing Page(s): 76-79.

Decision rationale: Regarding the request for a urine toxicology test, CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option in patients on controlled substances. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. There risk stratification is an important component in assessing the necessity and frequency of urine drug testing. The notes indicate that the patient is taking tramadol, which is a controlled substance. A review of all submitted documentation reveal prior testing on 1/2015, with no aberrancy noted. Further frequency of testing should be done per guidelines, and ideally using the Opioid Risk Tool or SOAPP in order to risk stratify this patient. Given this lack of risk stratification, this request is not medically necessary.

Lumbar ESI at L5-S1 with Fluoroscopy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI
Page(s): 47.

Decision rationale: Regarding the request for lumbar epidural steroid injection/selective nerve root block, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, after failure of conservative treatment. Guidelines recommend that no more than one interlaminar level or two transforaminal levels should be injected in one session. Within the documentation available for review, there are no recent objective examination findings supporting a diagnosis of radiculopathy. In the absence of such documentation, the currently requested lumbar epidural steroid injection is not medically necessary.