

---

## Independent Medical Review Final Determination Letter

400

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

Dated: 12/31/2013

<b>IMR Case Number:</b>	CM13-0024657	<b>Date of Injury:</b>	09/15/1998
<b>Claims Number:</b>	[REDACTED]	<b>UR Denial Date:</b>	08/31/2013
<b>Priority:</b>	STANDARD	<b>Application Received:</b>	09/16/2013
<b>Employee Name:</b>	[REDACTED]		
<b>Provider Name:</b>	[REDACTED] MD		
<b>Treatment(s) in Dispute Listed on IMR Application:</b>			
PLEASE REFERENCE UTILIZATION REVIEW DETERMINATION LETTER			

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations, [REDACTED]

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice California. 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 physician 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/services.

### DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

### CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 55-year-old male who reported an injury on 09/15/1998. A clinical note submitted on 08/15/2013 reported the patient's father's cohorts had been dropping dead right and left and it had been keeping him busy and he had to do a lot of work on his car. The patient is reported to have run out of his last gabapentin. The patient is reported to be quite cachectic. His dentitis has been reported to be eroded nearly completely. His ears were occluded with cerumen. His tone was near normal with fasciculation. A request was submitted for quarterly urine toxicology tests, 6 sessions of aquatic therapy, prescription of methadone 10 mg, and prescription of gabapentin 180 mg, and for an unknown number of sessions of home health care.

### IMR DECISION(S) AND RATIONALE(S)

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

**1. One (1) quarterly urine toxicology screen is not medically necessary and appropriate.**

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Opioids, steps to avoid misuse/addiction, page(s) 94-95, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The patient is a 55-year-old male who is reported to have been injured on 09/15/1998. He is reported to have run out of his gabapentin. He appeared quite cachectic. His tone was noted to be near normal with fasciculations. The patient is noted to have been diagnosed with lumbosacral neuritis, posttraumatic stress disorder, cervical syndrome, and pain disorder. The patient is noted to be taking methadone 10 mg and gabapentin 600 mg for treatment of his ongoing chronic pain. The California MTUS Guidelines state that steps to avoid misuse of

opioids, particularly those at high risk for abuse, includes frequent random urine drug toxicology screens. As the patient is not noted to have a history of misuse of opioids and is not noted to have any aberrant or drug seeking behaviors, the need for quarterly urine drug screens does not meet guideline recommendations, as the guidelines recommend random urine toxicology screens. Based on the above, the request for a quarterly urine toxicology screen is not medically necessary.

## **2. Six (6) aquatic therapy sessions is not medically necessary and appropriate.**

The Claims Administrator did not cite any evidence based criteria for its decision.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Aquatic therapy, page(s) 22, Physical Medicine, pages 98-99, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The patient is a 55-year-old male who reported an injury on 09/15/1998. The patient is noted to have been diagnosed with lumbosacral neuritis, posttraumatic stress disorder, cervical syndrome and chronic pain disorder. He is noted to have been seen on 08/15/2013 and is reported to have just run out of his gabapentin. He is noted on physical exam to have tone near normal with fasciculations. The California MTUS Guidelines recommend the use of aquatic therapy as an option when weight bearing activities are not tolerated and recommends up to 8 to 10 visits for diagnosis of neuralgia, neuritis, or radiculitis (unspecified); however, there is no documentation on physical exam that the patient has any weakness or decreased range of motion that would require physical therapy at this time and there is no indication that the patient had been following through with a home exercise program as recommended by guidelines to maintain improvement levels, and as such, the request for 6 sessions of aquatic therapy does not meet guideline recommendations. Based on the above, the request for 6 aquatic therapy sessions is not medically necessary.

## **3. One (1) prescriptin for Gabapentin 600mg #180 is not medically necessary and appropriate.**

The Claims Administrator did not cite any evidence based criteria for its decision.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Antiepilepsy drugs (AEDs), page(s) 16-18, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The patient is a 55-year-old male who reported an injury on 09/15/1998. He is noted to be diagnosed with lumbosacral neuritis, posttraumatic stress disorder, cervical syndrome, and pain disorder. A clinical note dated 08/15/2013 reported the patient had run out of gabapentin. He is noted on physical exam to have tone near normal with fasciculations. There is no documentation of radicular pain and although the patient is noted to have fasciculations, there is no documentation of specific areas that were affected, nor were any neurological deficits indicative of neuropathic pain documented on physical examination. The California MTUS Guidelines recommend the use of gabapentin as a first line treatment for neuropathic pain and given the lack of documentation of findings of neuropathic pain on physical examination or neurological deficits on physical examination, the requested gabapentin is not indicated. Based on the above,

the request for 1 prescription for gabapentin 600 mg #180 is not medically necessary or appropriate.

**4. Unknown home health care is not medically necessary and appropriate.**

---

The Claims Administrator did not cite any evidence based criteria for its decision.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Home health services, page(s) 51, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The patient is a 55-year-old male who reported an injury to his low back on 09/15/1998. He is noted to have been diagnosed with lumbar sacral neuritis, posttraumatic stress disorder, cervical syndrome, and pain disorder. The patient is reported to had a lot of work done on his car and to have run out of gabapentin on 08/15/2013. The patient is noted to appear quite cachectic and on physical exam, to have tone near normal with fasciculation noted. The California MTUS Guidelines recommend home health services for the prescribed medical treatment for patients who are home bound for generally no more than 35 hours per week and notes that medical treatment does not include homemaker services such as shopping, cleaning, laundering, and personal care given by home health aides when this is the only care needed. As there is no documentation of the number of sessions of home health care that has been recommended or any medical treatment is required requiring skilled nursing visits, the requested home health services are not indicated. Based on the above, the request for unknown home health care does not meet guideline recommendations and is neither medically necessary nor appropriate.

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

==

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

CM13-0024657