

Case Number:	CM14-0141080		
Date Assigned:	09/12/2014	Date of Injury:	02/18/2000
Decision Date:	10/16/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/02/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Alabama. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 64 year old male who was injured on 02/18/2000. The mechanism of injury is unknown. The patient underwent posterior fusion from L3 to S1 with partial fusion at L2-L3 performed on 04/28/2009 with prior laminectomy discectomy from L3 to L5 performed on 08/11/2006. Toxicology report dated 08/01/2014 detected positive results for opiates (hydrocodone) and acetaminophen; reported medications were Gabapentin and Norco. Progress report dated 07/30/2014 state the patient presented with complaints of low back pain with stiffness with limited range of motion. The pain radiates into the left lower extremity. He rated his pain as 7-8/10 and when he is performing activities of daily living, it increases to 9/10. On exam, he had a slow gait with a wheeled walker. Active range of motion of the dorsolumbar spine was decreased, moderate to severe, in all ranges, guarded. The patient's medications were refilled which included Gabapentin and Norco. Prior utilization review dated 08/20/2014 states the request for One (1) urine drug screen is denied as it is not medically necessary as the patient is not a candidate for drug screening; Gabapentin 600mg #60 with three (3) refills is denied as there is no documented evidence of functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and Substance Abuse. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain, Urine Drug Testing

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, Opioids, Page(s): 43,75-94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Urine drug testing

Decision rationale: CA MTUS recommends UDS as an option to assess for the use or the presence of illegal drugs. The above ODG guidelines regarding urine drug testing states "Frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument... Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only... Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. This includes patients undergoing prescribed opioid changes without success, patients with a stable addiction disorder, those patients in unstable and/or dysfunction social situations, and for those patients with comorbid psychiatric pathology." In this case, urine toxicology on 3/24/14 was "positive for Hydrocodone-dihydrocodeinone, Hydromorphone-dihydromorphinon, Marijuana Metabolite and Acetaminophen Screen. Review of PARCURES report was negative for any outside rx for medications. He does have a legal certificate for use of marijuana for pain management which allows him to reduce his need for the Norco. His UDS is consistent with his medication regimen and his current medications will continue as prior." Note from 7/30/14 states "He reports that he needs a refill of medications and reports no adverse effects... his pain is well controlled with medication... CURES Report reviewed and within normal limits." There does not appear to be any moderate risk behavior including "undergoing prescribed opioid changes without success, patients with stable addiction disorder, those patients in unstable and/or dysfunction social situations." The patient appears to be low-risk for addiction/aberrant behavior and after initial urine drug test should be tested on a yearly basis thereafter. Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

Gabapentin 600mg #60 with three (3) refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptic Page(s): 16-17.

Decision rationale: The above MTUS guidelines regarding anti-epilepsy drugs states "A "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the "trigger" for the

following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails. (Eisenberg, 2007) (Jensen, 2006) 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 this case, note from 7/30/14 does not include any documentation of functional improvement, only addressing the pain relief and adverse effects in stating "He reports that he needs refill of medications and reports no adverse effects... pain is well controlled with medication." Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.