

<b>Case Number:</b>	CM13-0047772		
<b>Date Assigned:</b>	04/16/2014	<b>Date of Injury:</b>	01/19/2013
<b>Decision Date:</b>	06/11/2014	<b>UR Denial Date:</b>	10/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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 Internal Medicine and Emergency Medicine, and is licensed to practice in Florida. 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:

This patient is a 64 year-old with a date of injury of 01/19/13. A progress report associated with the request for services, dated 10/07/13, identified subjective complaints of neck pain into the left shoulder with numbness and burning in the left upper extremity. Objective findings included decreased range-of-motion of the left shoulder with a positive impingement sign. Examination of the cervical spine was not documented. Urine drug screens appeared to be obtained quarterly, with the most recent on 10/07/13. Diagnoses included cervical degenerative disease with radiculopathy versus reflex sympathetic dystrophy, and status-post arthrodesis of the left elbow and shoulder. Treatment has included physical therapy, oral opioids, and anti-seizure agents. It was noted that she was having difficulty sleeping without Neurontin. A Utilization Review determination was rendered on 10/17/13 recommending non-certification of "retrospective usage of Neurontin300 mg; urine toxicology screening; and prospective usage of generic Neurontin300 mg".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE USAGE OF NEURONTIN300 MG:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs, Page(s): 16-21, 49.

**Decision rationale:** Gabapentin (Neurontin) is an anti-seizure agent. The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines note that this class of agents is recommended for neuropathic pain, but there are few randomized trials directed at central pain and none for painful radiculopathy. Further, it states: "A recent review has indicated that there is insufficient evidence to recommend for or against antiepileptic drugs for axial low back pain." The Guidelines also state that the role for Gabapentin is for: "treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered first-line treatment for neuropathic pain." No recommendations are made for specific musculoskeletal etiologies. The non-certification was based upon a non-recommended indication and lack of documentation of functional improvement from the medication. However, the documentation indicates the claimant may have a neuropathic component to her pain. Likewise, there is documentation of ongoing improvement in sleep parameters. Therefore, the record does document the medical necessity for Neurontin (Gabapentin) in this case.

**URINE TOXICOLOGY SCREENING:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary, updated 06/07/2013, Urine Drug Testing (UDT).

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

**Decision rationale:** This patient is on chronic opioid therapy. The California Medical Treatment Utilization Schedule (MTUS) recommends frequent random urine toxicology screens without specification as to the type. The Official Disability Guidelines (ODG) state that urine drug testing is recommended as a tool to monitor compliance with prescribed substances. The ODG further suggests that in "low-risk" patients, yearly screening is appropriate. "Moderate risk" patients for addiction/aberrant behavior are recommended to have point-of-contact screening 2 to 3 times per year. "High risk" patients are those with active substance abuse disorders. They are recommended to have testing as often as once a month. There is no documentation of behavior that would classify the claimant as high-risk. She has had quarterly drug screens, the most recent in October 2013. Therefore, the record does not document the medical necessity for the urine toxicology screening.

**PROSPECTIVE USAGE OF GENERIC NEURONTIN300 MG:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs, Page(s): 16-21, 49.

**Decision rationale:** Gabapentin (Neurontin) is an anti-seizure agent. The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines note that this class of agents is recommended for neuropathic pain, but there are few randomized trials directed at central pain and none for painful radiculopathy. Further, it states: "A recent review has indicated that there is insufficient evidence to recommend for or against antiepileptic drugs for axial low back pain." The Guidelines also state that the role for Gabapentin is for: "treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered first-line treatment for neuropathic pain." No recommendations are made for specific musculoskeletal etiologies. The non-certification was based upon a non-recommended indication and lack of documentation of functional improvement from the medication. However, the documentation indicates the claimant may have a neuropathic component to her pain. Likewise, there is documentation of ongoing improvement in sleep parameters. Therefore, the record does document the medical necessity for Neurontin (Gabapentin) in this case.