

<b>Case Number:</b>	CM14-0046470		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	08/26/2004
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	03/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2014

### 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 & Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 49-year-old female who reported an injury on 08/26/2004. The injured worker reportedly injured her low back, while moving a stationary bike. The injured worker's treatment history included physical therapy, epidural steroid injections, facet block injections, medications, rhizotomies, and MRI studies. The injured worker was evaluated on 04/02/2014 and it was documented that the injured worker complained of lower back pain and bilateral lower extremity pain, left greater than right, lower extremity pain at the left buttock and hip, down posterior thigh to knee, right lateral thigh and calf to dorsum of the foot. Lower left extremity pain has not improved postop. Controlling pain with physical therapy helps somewhat, ice helps significantly, analgesics, uses oxycodone 5 to 6 per day, Gabapentin chronic use of 10 years, 1800 per day, occasional Tylenol. The provider noted the injured worker can walk half a mile, sit 30 minutes, stand 5 to 10 minutes, and pain is improved in the supine position, she also sleeps 4 to 5 hours per night. Pain prevents sleep and waking the injured worker through the night, minimum 1 time. Physical examination of the lumbar revealed range of motion was decreased. There was tenderness of the lumbar spine. The provider noted that the injured worker was 6 months post L5-S1 PSIF. She was showing signs of progressive fusion at that level. Unfortunately, she has had return of some of her radiculopathic symptoms. Her x-rays demonstrated progressive development of lumbar scoliosis. At this time, we have informed her that there can be multiple causes for her radiculopathy, from the scar formation to new stenosis. Diagnosis included lumbar radiculopathy. The Request for Authorization and rationale were not submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurontin 600mg X1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 49.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 49.

**Decision rationale:** Per California Medical Treatment Utilization Schedule (MTUS), guidelines state that gabapentin is an anti-epilepsy drug (AEDs; also referred to as anti-convulsants), which has been shown to be an effective for treatment of diabetic painful neuropathy, and post herpetic neuralgia and has been considered as a first line treatment for neuropathic pain. Diagnosis included lumbar radiculopathy. The documentation submitted failed to indicate long term functional goals for the injured worker. In addition, the request did not include frequency, duration or quantity of the medication. Given the above, the request for Neurontin 600 mg X1, is not medically necessary.

**Urine screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

**Decision rationale:** California (MTUS) Chronic Pain Medical Guidelines recommend using a urine drug screen as an option to assess for the use or the presence of illegal drugs. There are steps to take before a therapeutic trial of opioids & on-going management; opioids, differentiation: dependence and addiction; opioids, screening for risk of addiction (tests); & opioids, steps to avoid misuse/addiction. The injured worker had a urine drug screen on 03/18/2014 that was positive for opioid usage, however it was not consistent. The provider failed to indicate the rationale for a repeat urine drug screen. Given the above, the request for urine drug screen is not medically necessary.