MAXIMUS Federal Services

Case Number:	CM14-0194778		
Date Assigned:	12/02/2014	Date of Injury:	09/24/2012
Decision Date:	01/16/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	11/20/2014

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 Internal Medicine, has a subspecialty in Hospice & Palliative Medicine and is licensed to practice in Pennsylvania. 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 59-year-old woman with a date of injury of 09/24/2012. The submitted and reviewed documentation did not identify the mechanism of injury. Treating physician notes dated 07/14/2014 and 10/13/2014 indicated the worker was experiencing neck and upper back pain that went into the shoulders. Documented examinations consistently described tenderness and spasm throughout the neck and upper back muscles, decreased sensation following the paths of the right T5 and T6 spinal nerves, and arm weakness. The submitted and reviewed documentation concluded the worker was suffering from cervical facet arthropathy, cervical myofascial pain syndrome, cervical degenerative disk disease, and occipital neuralgia. Treatment recommendations included oral pain medications, a home exercise program with heat and stretching exercises, and random urinary drug screen testing. A Utilization Review decision was rendered on 01/01/2014 recommending non-certification for ninety tablets of Neurontin (gabapentin) 300mg with two refills and urinary drug screen testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 300mg #90, Two Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs AEDs Page(s): 16-19.

Decision rationale: Neurontin (gabapentin) is a medication in the antiepilepsy drug class. The MTUS Guidelines recommend its use for the treatment of neuropathic pain for its efficacy and favorable side effect profile. Documentation should include the change in pain and function at each visit, especially during the dose adjustment phase. The submitted and reviewed records indicated the worker was experiencing neck and upper back pain that went into the shoulders. While these records suggested the worker had stopped taking pregabalin (a similar medication in the antiepilepsy drug class) and rotated to gabapentin instead, the documentation also reported the worker was taking both at the same time. The literature does not support the use of both of these medications together, and there is an increased risk for negative side effects in this setting without added benefit. For these reasons, the current request for ninety tablets of Neurontin (gabapentin) 300mg with two refills is not medically necessary. While a taper is often necessary to avoid withdrawal symptoms, the worker should be able to complete an appropriate wean with the medication available.

Urine Drug Screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Criteria for Use of Urine Drug Testing http://www.odg-twc.com

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for UseOpioids, Steps to Avoid Misuse/Addiction Page(s): 76-80 94-95.

Decision rationale: The MTUS Guidelines encourage the use of urinary drug screen testing before starting a trial of opioid medication and as a part of the on-going management of those using controlled medications who have issues with abuse, addiction, or poor pain control. The Guidelines support the use of random urinary drug screens as one of several important steps to avoid misuse of these medications and/or addiction. The submitted and reviewed records indicated the worker was experiencing neck and upper back pain that went into the shoulders. The worker's pain management treatment included three restricted medications: an opioid, a muscle relaxant, and a benzodiazepine. The most recent random urinary drug screen testing was done on 07/14/2014. Attentive monitoring for addiction and diversion is supported by the Guidelines. For these reasons, the current request for urinary drug screen testing is medically necessary.