

<b>Case Number:</b>	CM14-0206437		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	04/12/2007
<b>Decision Date:</b>	02/12/2015	<b>UR Denial Date:</b>	11/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2014

### 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 Rehab, has a subspecialty in Interventional Spine and is licensed to practice in 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 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 62-year-old male with a date of injury of 04/12/2007. According to progress report dated 10/15/2014, the patient presents with chronic low back pain. The patient's treatment history includes 2 lumbar surgeries; the first a laminectomy/discectomy in 2008 and the second in 2012. While the patient's complaint of bilateral hip pain has improved, the anterior and posterior knee pain and leg pain have not improved. A spinal cord stimulator trial was not successful. The patient has been maintained on low-dose opioids and Neurontin and sleep medications for quite some time. On a numeric pain intensity scale, the patient reports his pain 8/10 without medications and 5/10 with medications. With medication, the patient is able to do simple chores around the house and minimal activities outside the house 2 days a week. Without medications, the patient stays in bed all day and feels hopeless and helpless about life. CURES report was addressed on 10/15/2014, a UDS was provided on 08/15/2014, and CBC with diff, chem panel, and urinalysis were done in March of 2014. The patient's current medication regimen includes lisinopril 20 mg, lovastatin 20 mg, aspirin, stool softener, B complex-vitamin B12, oxycodone 50 mg, Klonopin 0.5 mg, Neurontin 300 mg, methadone 5 mg, and trazodone 50 mg. The listed diagnoses are: 1. Myalgia, myositis, chronic. 2. Post-laminectomy lumbar syndrome. 3. COAT for pain in joint involving lower leg, chronic. 4. Radiculopathy thoracolumbosacral, chronic. 5. Low back pain, chronic. 6. Chronic pain syndrome, chronic. 7. Anxiety, chronic. 8. Degenerative disk disease lumbar, chronic. 9. Insomnia, chronic. 10. Obesity, morbid. The treating physician states that the patient continues to utilize Neurontin which "takes the edge off of the nerve pain. It does make him tired so he tries to limit its use just at night." It was noted "the patient is not able to do without the pain medications, and this may be a major culprit in his fatigue level" and the treating physician would like to prescribe Nuvigil to see how the patient responds. The

patient is currently permanent and stationary. The utilization review denied the request on 11/28/2014. Treatment reports from 10/01/2013 through 10/16/2014 were provided for review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Nuvigil 50mg #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Armodafinil (Nuvigil).

**Decision rationale:** This patient presents with chronic low back pain. The treating physician states that the patient has fatigue and would like to prescribe Nuvigil to see how the patient responds. The current request is for Nuvigil 50 mg #30. The ODG Guidelines under its pain section has the following regarding Nuvigil, "Not recommended solely to counter sedation effects of narcotics." Armodafinil is used to treat excessive sleepiness caused by narcolepsy or shift work disorder. ODG's indication for this medication is for excessive sleepiness associated with narcolepsy, obstructive sleep apnea, and shift work sleep disorder. The treating physician states that a trial of this medication is indicated for the patient's "fatigue level." In this case, this patient does not meet any of the indications for this medication. The requested Nuvigil IS NOT medically necessary.

#### **Neurontin 300mg #90 with 4 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS guidelines has the following regarding Gabapentin: Gabapentin (Neurontin, Gabarone, gen.

**Decision rationale:** This patient presents with chronic low back pain. The current request is for Neurontin 300mg #90 with 4 refills. The MTUS guidelines have the following regarding Gabapentin on pgs 18, 19: "Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Per utilization review letter dated 11/28/2014, the patient has been utilizing this medication for nerve pain since 01/10/2013 with no evidence of improvement and multiple previous reviews non-certified requests as documentation did not provide "overwhelming evidence of pain relief to overturn previous determinations." In this case, the treating physician has provided before-and-after pain scale denoting a decrease in pain with current medications that includes Neurontin. It was noted the patient takes Neurontin for nerve pain which takes the "edge off." The use of Neurontin may be appropriate given the patient's chronic low back pain and radicular symptoms, but the request is

for 4 refills. The patient is seen on a monthly basis for medication management. The additional refills are not indicated until there is continued adequate documentation of this medication's efficacy. MTUS page 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. The requested Neurontin 300 mg #90 with 4 refills IS NOT medically necessary.

**Labs: Chem 19, CBC, TSH, TESTO, free and total, LC/MS/MS: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Guidelines Page(s): 70.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Guidelines Page(s): 70.

**Decision rationale:** This patient presents with chronic low back pain. The current request is for labs: Chem 19, CBC TSH, testo, free and total, LC/MS/MS. The MTUS, ACOEM, and ODG Guidelines do not specifically discuss routine laboratory testing. However, the MTUS Guidelines page 70 does discuss "periodic lab monitoring of CBC and chemistry profile (including liver and renal function tests)." MTUS states that monitoring of CBC is recommended when patients take NSAIDs. It goes on to state, "There has been a recommendation to measure liver and transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established." In this case, the treating physician has not prescribed NSAIDs and has requested lab work above and beyond the recommendations from the MTUS guidelines. Per MTUS, only the CBC and Chem 8 are supported. In addition, review of the medical file indicates the patient underwent a CBC with diff, chem panel, and a TSH in March of 2014. This request IS NOT medically necessary.

**EIA9 with alcohol reflex urine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Urine drug testing.

**Decision rationale:** This patient presents with chronic low back pain. The current request is for EIA 9 with alcohol reflex urine. Enzyme Immunoassay with alcohol and reflex testing is a urine drug screening panel. While MTUS Guideline pg. 43 does not specifically address how frequent UDS should be obtained or various risks of opiate users, ODG Guidelines provide clear recommendation. ODG guidelines under its pain chapter discussion Urine Drug Screen and states that once-yearly urine drug testing following initial screening with the first 6 months for management of chronic opiate use in low-risk patients is recommended. In this case, the most recent UDS was administered in March 2014. The result of this screening was not discussed. Given the patient's recent UDS, further testing including an EIA with alcohol and reflex IS NOT medically necessary.

