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| <b>Case Number:</b>   | CM15-0021698 |                              |            |
| <b>Date Assigned:</b> | 02/11/2015   | <b>Date of Injury:</b>       | 11/26/2001 |
| <b>Decision Date:</b> | 04/01/2015   | <b>UR Denial Date:</b>       | 01/26/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/05/2015 |

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Arizona, Texas

Certification(s)/Specialty: Internal Medicine

### 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 40 year old male, who sustained an industrial injury on November 26, 2001. The diagnoses have included status post electrical injury, chronic headaches secondary to electrocution injury, probable central nervous system damage from his electrical injury, status post cervical sprain, history of depression and anxiety and neuropsychological deficits. Treatment to date has included Neurontin, Non-steroidal anti-inflammatory drug, neurologist and neuropsychological assessment. Currently, the injured worker complains of daily headaches. In a progress note dated January 6, 2015, the treating provider reports exam was unremarkable. On January 26, 2015 Utilization Review non-certified a Neurontin 600mg quantity 90 with 3 refills, 1 sleep study, and six neuropsychological treatments, noting, Official Disability Guidelines was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurontin 600mg #90 x 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 49, 16-22.

**Decision rationale:** According to the MTUS gabapentin is an anti-epilepsy drug (AED), which 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. Gabapentin is also recommended for the treatment of chronic neuropathic pain. It is recommended as a trial for CRPS, Fibromyalgia and lumbar spina lstenosis. The recommended trial period is 3-8 weeks for titration, then one to two weeks at maximum tolerated dosage with close follow-up. In this case the patient suffers from chronic neuropathic pain and headaches. The office visit notes from 1/6/15 note the patient has had good results with neurontin and a titration of the dose to 600mg #90 with 3refills is ordered. Although the increased dose is appropriate for this patient's condition, the increase in dose must be evaluated sooner than what would be indicated with 3 refills of the medication. The request is non-certified due to a need for sooner follow-up after a titration of the dose of gabapentin.

**Sleep study:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Criteria for Polysomnography.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic pain-polysomnography.

**Decision rationale:** The ODG states polysomnograms are recommended for the combination of indications listed below: 1. Excessive daytime somnolence; 2. Cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy); 3. Morning headache (other causes have been ruled out); 4. Intellectual deterioration (sudden, without suspicion of organic dementia); 5. Personality change (not secondary to medication, cerebral mass or known psychiatric problems); and 6. Insomnia complaint for at least six months (at least four nights of the week), unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. In this case the documentation reviewed suggests the patient has insomnia due to chronic pain and psychiatric etiology, therefore it does not meet criteria.

**Neuropsychological treatment x 6:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 101-102.

**Decision rationale:** According to the MTUS psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention

for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). In this case the patient continues to have symptoms of anxiety and depression related to chronic pain and his injury. Continued psychological intervention is medically appropriate.