

<b>Case Number:</b>	CM15-0031411		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	06/10/2009
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	01/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 42-year-old [REDACTED] beneficiary who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of June 10, 2009. In a Utilization Review Report dated January 21, 2015, the claims administrator failed to approve a request for Neurontin and a urine drug screen. The claims administrator referenced a January 8, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On December 8, 2014, the applicant was placed off of work, on total temporary disability. The applicant also complained of neck pain with hypoesthesias about the upper extremities evident. The applicant was apparently considering cervical spine surgery but the applicant had undergone a failed shoulder surgery. The applicant reported derivative complaints of sleep disturbance. Norco and Neurontin were both renewed. On January 8, 2015, the applicant was again placed off of work, on total temporary disability, for an additional six to eight weeks. Once again, Norco and Neurontin were renewed. The applicant was using Norco at a rate of four tablets a day, it was stated. The attending provider stated that Norco and Neurontin were attenuating the applicant's pain complaints of 8/10 without medications to 6/10 with medications. Urine drug screen was also performed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurontin 600mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SPECIFIC ANTI-EPILEPSY DRUGS: Gabapentin (Neurontin, Gabarone™, generic available) Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 19 of 127.

**Decision rationale:** No, the request for Neurontin (gabapentin), an anticonvulsant adjuvant medication, was not medically necessary, medically appropriate, or indicated here. As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants using gabapentin should be asked "at each visit" as to whether there have been improvements in pain and/or function achieved as a result of the same. Here, however, the applicant was/is off of work, on total temporary disability. Ongoing usage of gabapentin had failed to curtail the applicant's dependence on Norco, which the applicant continued to use at a rate of four tablets a day. While the attending provider did outline some reduction in pain levels reportedly effected as a result of ongoing gabapentin (Neurontin) usage, these were/are, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline any meaningful or material improvements in function affected as a result of ongoing gabapentin usage. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing gabapentin usage. Therefore, the request was not medically necessary.

**1 Urine drug screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Substance abuse (tolerance, dependence, addiction). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Criteria for Use of Urine Drug Testing.

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

**Decision rationale:** Similarly, the request for a urine drug screen was likewise not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. ODG's Chronic Pain Chapter Urine Drug Testing topic, however, stipulates that an attending provider attach an applicant's complete medication list to the request for authorization for testing, eschew confirmatory and/or quantitative testing outside of the Emergency Department drug overdose context, attempt to categorize the applicant into higher- or lower-risk categories for which more or less frequent testing would be indicated, and attempt to conform to the best practices of the United States Department of Transportation (DOT) when performing testing. Here, the attending provider did not identify when the applicant was last tested. There was no mention of what drug testing or drug panels were being sought. The attending provider failed to categorize the applicant into higher- or lower-risk categories for

which more or less frequent drug testing would be indicated. Since several ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.