

<b>Case Number:</b>	CM15-0120599		
<b>Date Assigned:</b>	07/01/2015	<b>Date of Injury:</b>	02/05/2001
<b>Decision Date:</b>	07/30/2015	<b>UR Denial Date:</b>	05/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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, Florida, 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 injured worker is a 58 year old female, who sustained an industrial injury on 2/5/01. She reported immediate neck pain and pain with ambulation. The injured worker was diagnosed as having bilateral knee strains and back strain. Treatment to date has included surgical intervention, medications, physical therapy, trigger point injections, home exercise program, weight loss program, nerve conduction study, x-rays, MRI, back corset and urine drug screen. Currently, the injured worker complains of low back pain described as aching, throbbing, shooting, tender and penetrating and is rated at 4/10. She also reports fatigue and extremity weakness. The injured worker is currently diagnosed with degeneration of intervertebral disc, carpal tunnel syndrome, mixed anxiety and depressive disorder, lumbosacral radiculitis, lumbago, post-laminectomy syndrome (lumbar region), myalgia and myositis, degeneration of cervical intervertebral disc, spondylolisthesis, other acute postoperative pain and neurogenic bladder. Work status is sedentary, totally disabled. A note dated 4/8/15 states there is tenderness noted in the ligaments of the left knee as well as some weakness of the quadriceps muscle. Sensation to both lower extremities is intact. It also notes the injured worker experiences difficulty walking/climbing stairs. The injured worker is/was on a weight loss program, but in the note dated 4/8/15 she has a BMI of 30.8. The injured worker is currently in the process of titrating off OxyContin, and is using Norco for breakthrough pain. Gabapentin 600 mg #90 is requested for the injured workers neurogenic pain and a urine drug screen is requested to monitor prescribed medications.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 600mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines anti-epilepsy drugs / anti-convulsants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16 of 127 and page 19 of 127.

**Decision rationale:** This claimant was injured about 14 years ago with neck pain and pain with walking. The diagnoses were bilateral knee strains and back strain. There is continued low back pain. The diagnoses are degeneration of an intervertebral disc, carpal tunnel syndrome, mixed anxiety and depressive disorder, lumbosacral radiculitis, lumbago, post-laminectomy syndrome (lumbar region), myalgia and myositis, degeneration of cervical intervertebral disc, spondylolisthesis, other acute postoperative pain and neurogenic bladder. The work status is sedentary. As of April 2015, there is tenderness noted in the ligaments of the left knee and weakness of the quadriceps muscle. Sensation to both lower extremities was intact. The objective functional improvement out of the requested Gabapentin is not noted. The MTUS notes that anti-epilepsy drugs (AEDs) like Gabapentin are also referred to as anti-convulsants, and are recommended for neuropathic pain (pain due to nerve damage). However, there is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. It is not clear in this case what the neuropathic pain generator is, and why therefore that Gabapentin is essential. Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. This claimant however has neither of those conditions. Again, objective functional improvement out of the medicine usage is not reported. Therefore, the request is not medically necessary under the MTUS evidence-based criteria.

**Urine drug screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain: Urine Drug Testing (UDT) (2015).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43 of 127.

**Decision rationale:** As shared previously, this claimant was injured about 14 years ago with neck pain and pain with walking. The diagnoses were bilateral knee strains and back strain. There was continued low back pain described as aching, throbbing, shooting, tender and penetrating and is rated at 4/10. The diagnoses were degeneration of an intervertebral disc, carpal tunnel syndrome, mixed anxiety and depressive disorder, lumbosacral radiculitis, lumbago, post-laminectomy syndrome (lumbar region), myalgia and myositis, degeneration of

cervical intervertebral disc, spondylolisthesis, other acute postoperative pain and neurogenic bladder. Work status is sedentary, totally disabled. As of 4/8/15, there is tenderness noted in the ligaments of the left knee as well as some weakness of the quadriceps muscle. Sensation to both lower extremities is intact. The injured worker is currently in the process of titrating off OxyContin, and is using Norco for breakthrough pain. At issue is whether repeat drug testing is needed. Regarding urine drug testing, the MTUS notes in the Chronic Pain section: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. For more information, see Opioids, criteria for use: (2) Steps to Take Before a Therapeutic Trial of Opioids and; (4) On-Going Management; Opioids, differentiation: dependence and addiction; Opioids, screening for risk of addiction (tests); and Opioids, steps to avoid misuse/addiction. There is no mention of suspicion of drug abuse, inappropriate compliance, poor compliance, drug diversion or the like. There is no mention of possible adulteration attempts. The patient appears to be taking the medicine as directed, with no indication otherwise. It is not clear what drove the need for this drug test. The request is not medically necessary under MTUS criteria.