

<b>Case Number:</b>	CM15-0170110		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	04/23/2003
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	08/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2015

### 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: New York  
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 71 year old male, who sustained an industrial injury on 4-23-2003. He reported injuries to the low back and bilateral wrists from a fall and cumulative trauma. Diagnoses include chronic pain due to trauma, myalgia-myositis, pain in limb, and sciatica and Coats' disease, status post left knee replacement in 2004 and status post two lumbar surgeries. Treatments to date include activity modification, medication therapy, and physical therapy. Currently, he complained of chronic ongoing pain in the middle back, lower back and gluteal area with radiation to bilateral lower extremities. Pain was rated 4 out of 10 VAS with medication and 8 out of 10 VAS without medications. It was noted that medications allow for increased functional activity, documentation included the numbers of hours with and without medication had approximately three hours activity difference. The records documented Neurontin and Hydrocodone had been prescribed since at least 6-6-2012. On 6-11-15, the physical examination documented thoracic and lumbar tenderness with palpation with decreased range of motion. There was tenderness also noted to bilateral knees. The plan of care included to continue medications, laboratory evaluation and ongoing medication management for chronic pain and radiculopathy. The records indicated a urine drug screen was completed on 6-11-15. This review addresses the appeal request to authorize Neurontin 600mg, #120 with three refills; Hydrocodone; Metabolite serum; Methadone Quant; GCMS serum; Acetaminophen, CBC with diff and platelets, and GGT. The Utilization Review dated 8-3-15, modified the request to allow for the Neurontin 600mg, #120 with one (1) refill; and denied all the remaining items.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurontin 600mg quantity 120 with three refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter-- Anti-epilepsy drugs (AEDs) for pain.

**Decision rationale:** According to the CA MTUS (2009) and ODG, Neurontin (Gabapentin) is an anti-epilepsy drug, which 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. The records documented that this injured worker has neuropathic pain related to his chronic low back condition. Neurontin has been part of his medical regimen. However In this case, there is no compelling evidence presented by the treating provider that indicates this injured worker has had any significant improvements from this medication, and also review of Medical Records do not clarify that previous use of this medication has been effective in this injured worker for maintaining the functional improvement. Medical necessity for Neurontin has not been established. The requested treatment: Neurontin 600mg quantity 120 with three refills is not medically necessary.

**Hydrocodone and Metabolite serum:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Text book of Medical Toxicology --Pages 769-776.

**Decision rationale:** CA MTUS and ODG do not directly address this, therefore alternate guidelines including Textbook of Medical Toxicology were reviewed. As per Textbook of Medical Toxicology blood levels of opioids are not clinically useful. Review of Medical Records does not indicate substance abuse, noncompliance, or aberrant behavior. The injured worker had previous drug screening. Review of submitted medical records does not provide any specific rationale to support the appropriateness of this test in this injured worker. The provider's notes are not clear about any significant changes in the symptoms or clinical findings in this injured worker. The request is not medically necessary.

**Methadone Quant, GCMS serum:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Text book of Medical Toxicology --Pages 769-776.

**Decision rationale:** CA MTUS and ODG do not directly address this, therefore alternate guidelines including Textbook of Medical Toxicology were reviewed. As per Textbook of Medical Toxicology blood levels of opioids are not clinically useful. Review of Medical Records do not indicate substance abuse, noncompliance, or aberrant behavior. The injured worker had previous drug screening. Review of submitted medical records do not provide any specific rationale to support the appropriateness of this test in this injured worker. The provider's notes are not clear about any significant changes in the symptoms or clinical findings in this injured worker. The request is not medically necessary.

**Acetaminophen:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Uptodate Labtestsonline.

**Decision rationale:** CA MTUS and ODG do not address this, therefore alternate guidelines including Uptodate and Labtestsonline were reviewed. Review of submitted medical records does not provide any specific rationale to support the appropriateness of this test in this injured worker. The provider's notes are not clear about any significant changes in the symptoms or clinical findings in this injured worker. There is no documentation of drug overdose or liver damage. The request is not medically necessary.

**Complete Blood count (includes DIFF/PLT):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Uptodate Labtestsonline.

**Decision rationale:** MTUS state use NSAIDS with caution in patients with moderate hepatic impairment, and not recommended for patients with severe hepatic impairment. Borderline elevations of one or more liver enzymes may occur in up to 15% of patients taking NSAIDs. Renal: Use of NSAIDs may compromise renal function. FDA Medication Guide is provided by FDA mandate on all prescriptions dispensed for NSAIDs. Routine Suggested Monitoring: Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests

after this treatment duration has not been established. Medical records are not clear about use of NSAID's, and do not provide specific rationale to support the appropriateness the test in this injured worker. The medical necessity of the requested item has not been established. The requested treatment: Complete Blood count (includes DIFF/PLT) is not medically necessary.

**1 GCT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Labtestsonline.

**Decision rationale:** CA MTUS and ODG do not address this, therefore alternate guidelines including Labtestsonline were reviewed. Review of submitted medical records does not provide any specific rationale to support the appropriateness of this test in this injured worker. The provider's notes are not specific about any significant changes in the symptoms or clinical findings in this injured worker. The request is not medically necessary.