

Case Number:	CM13-0009978		
Date Assigned:	03/10/2014	Date of Injury:	01/27/2003
Decision Date:	11/06/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	08/12/2013

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 59-year-old male with a 1/27/03 date of injury. At the time (8/1/13) of request for authorization for 1 prescription of Gabapentin 300 mg () between 2/21/13 and 3/12/13 and 1 prescription of Meloxicam 7.5 mg tablets () between 2/21/13 and 3/21/13, there is documentation of subjective (lumbar pain, left leg symptoms) and objective (guarded movements, limited mobility, stiff movements, generalized tenderness, pain elicited with movements, and antalgic gait) findings. The current diagnoses are other chronic pain, degeneration lumbar/lumbosacral intervertebral disc, lumbago, and thoracic/lumbosacral neuritis/radiculitis NOS. The treatment to date includes epidural steroid injections, physical therapy, and medications including ongoing use of Gabapentin and Meloxicam. Regarding the requested 1 prescription of Gabapentin 300 mg () between 2/21/13 and 3/12/13, there is no documentation of subjective/objective findings consistent with neuropathic pain, and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of gabapentin use to date. Regarding the requested 1 prescription of Meloxicam 7.5 mg tablets () between 2/21/13 and 3/21/13, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Meloxicam use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: 1 Prescription of Gabapentin 300mg (DOS: 02/21/2013-03/21/2013): 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 Gabapentin (Neurontin) Page(s): 18-19. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20.

Decision rationale: Chronic Pain Medical Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain, as criteria necessary to support the medical necessity of Gabapentin. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of other chronic pain, degeneration lumbar/lumbosacral intervertebral disc, lumbago, and thoracic/lumbosacral neuritis/radiculitis NOS. However, despite non-specific documentation of left leg symptoms and diagnoses of thoracic/lumbosacral neuritis/radiculitis NOS, there is no documentation of subjective/objective findings consistent with neuropathic pain. In addition, given medical records reflecting ongoing use of Gabapentin, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Gabapentin use to date. Therefore, based on guidelines and a review of the evidence, the retrospective request for 1 prescription of Gabapentin 300 mg ([REDACTED]) between 2/21/13 and 3/12/13 is not medically necessary.

Retrospective: 1 Prescription of Meloxicam 7.5mg Tablets (DOS: 02/21/2013-03/21/2013): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of other chronic pain, degeneration lumbar/lumbosacral intervertebral disc, lumbago, and thoracic/lumbosacral

neuritis/radiculitis NOS. In addition, there is documentation of chronic low back pain. However, given medical records reflecting ongoing use of Meloxicam, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Meloxicam use to date. Therefore, based on guidelines and a review of the evidence, the retrospective request for 1 prescription of Meloxicam 7.5 mg tablets ([REDACTED]) between 2/21/13 and 3/21/13 is not medically necessary.