

Case Number:	CM13-0042070		
Date Assigned:	12/27/2013	Date of Injury:	04/13/2006
Decision Date:	04/21/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/16/2013

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 Physical Medicine and Rehabilitation, 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:

This is a patient with the date of injury of April 13, 2006. A utilization review determination dated October 8, 2013 recommends noncertification of Gabapentin and a mesh back support. A progress report dated October 21, 2013 identifies subjective complaints including low back pain with numbness and tingling into the upper and lower extremities on occasion. He continues to use a TENS unit which is helpful. The note indicates that the patient takes Norco 3 times a day for pain, Flexeril for spasm, and Neurontin 600 mg 4 times a day for neuropathic symptoms. He indicates that the medications allow him to walk farther and do activities around the house with less pain. He denies any side effects. Objective examination findings identify and antalgic gate with a single point cane, sensation is intact, strength is intact, and he is able to heel and toe walk. Diagnoses included degenerative disc disease of the lumbar spine, status post micro lumbar decompression surgery, degenerative disc disease of the cervical spine, G.I. upset with medications, and persistent psychological issues. The treatment plan recommends continuing the patient's medication, performing a urine drug screen, and requests medial branch blocks. The note indicates that the patient does have some radicular symptoms but the pain is more greatly directed towards the facet region.

IMR ISSUES, DECISIONS AND RATIONALES

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

GABAPENTIN 600 MG, #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTIEPILEPSY DRUGS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTIEPILEPSY DRUGS Page(s): 16-21.

Decision rationale: Regarding request for Gabapentin, the MTUS Chronic Pain Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, the requesting physician has indicated that the medications reduce the patient's pain, allow him to walk farther and do activities around the house, and cause no side effects. Additionally, the requesting physician has indicated that the patient has some radicular symptoms. It is acknowledged that there should be more specific information provided in terms of percent reduction in pain and specific objective functional improvement attributable to the Gabapentin use. However, these things have been addressed in general terms. The current request is for a one month supply of Gabapentin. This seems reasonable, to allow time for the requesting physician to further document the above-noted issues. As such, the currently requested Gabapentin 600 mg #120 is medically necessary.

1 MESH BACK SUPPORT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) LOW BACK CHAPTER, SECTION ON LUMBAR SUPPORTS.

Decision rationale: Regarding the request for a mesh back support, the ACOEM guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The ODG states that lumbar supports are not recommended for prevention. They go on to state lumbar supports are recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific low back pain. ODG goes on to state that for nonspecific low back pain, compared to no lumbar support, elastic lumbar belts may be more effective than no belt at improving pain at 30 and 90 days in people with subacute low back pain lasting 1 to 3 months. However, the evidence was very weak. Within the documentation available for review, it does not appear that this patient is in the acute or subacute phase of his treatment. Additionally, there is no documentation indicating that the patient has a diagnosis of compression fracture, spondylolisthesis, or instability. As such, the currently requested mesh back support is not medically necessary and appropriate.

