

Case Number:	CM13-0053430		
Date Assigned:	12/30/2013	Date of Injury:	03/08/2012
Decision Date:	03/18/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Texas. 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 physician 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:

The patient is a 33-year-old male who reported an injury on 03/08/2012. The patient was reportedly bending down at a food barrel and felt a strong pain in his lower back. The patient is diagnosed with lumbar disc herniation with bilateral lower extremity radicular pain. The patient was seen by [REDACTED] on 10/02/2013. The patient reported ongoing lower back pain with radiation to bilateral lower extremities. The physical examination revealed limited lumbar range of motion, tenderness to palpation, hypertonicity, positive straight leg raising bilaterally, positive Kemp's testing bilaterally, and diminished sensation. The treatment recommendations included prescriptions for Biotherm cream and Gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dyotin SR 250mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16-18.

Decision rationale: The California MTUS Guidelines state anti-epilepsy drugs are recommended for neuropathic pain. Gabapentin has been shown to be effective for treatment of

diabetic painful neuropathy and postherpetic neuralgia, and has been considered as a first line treatment for neuropathic pain. As per the documentation submitted, the patient does report ongoing lower back pain with numbness and tingling in bilateral legs and feet. The patient's physical examination on the requesting date does reveal diminished range of motion, hypertonicity, positive straight leg raising, positive Kemp's testing, and decreased sensation in the L4 nerve distribution on the right, S1 nerve distribution on the left, and L5 nerve distribution bilaterally. The patient does maintain a diagnosis of lumbar disc herniation with bilateral lower extremity radicular pain and neurological findings. The patient has been previously treated with Hydrocodone, Soma, Tramadol, and Zolpidem. The patient has also undergone physical therapy and acupuncture treatment. As Gabapentin is considered first line treatment for neuropathic pain, the patient does meet criteria for the requested medication. The California MTUS Guidelines recommend Gabapentin as a trial for lumbar spinal stenosis, with statistically significant improvement found in walking distance, pain with movement, and sensory deficit found in a pilot study. An adequate trial with Gabapentin includes 3 to 8 weeks for titration. Based on the clinical information received, the request is certified.

Bio-therm cream 4oz: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As per the documentation submitted, the patient does maintain a diagnosis of lumbar disc herniation with bilateral lower extremity radicular pain and neurological findings. The patient does demonstrate neuropathic upon physical examination. However, there is no evidence of a failure to respond to oral medication including antidepressants and anticonvulsants prior to the initiation of a topical analgesic. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.