MAXIMUS Federal Services

Case Number:	CM13-0056694		
Date Assigned:	12/30/2013	Date of Injury:	02/12/2012
Decision Date:	05/15/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/22/2013

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 Internal Medicine, Pulmonary Diseases 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:

The injured worker is a 49-year-old female who reported an injury on 02/12/2012, secondary to a fall. Current diagnoses include lumbar disc herniation, status post spinal fusion surgery, and rule out recurrent disc herniation. The injured worker was evaluated on 10/07/2013. The injured worker reported 6/10 pain. Physical examination revealed a well healed surgical scar, limited lumbar range of motion, tenderness to palpation, hypertonicity, positive straight leg raising, positive Kemp's testing, diminished strength on the left, diminished deep tendon reflexes on the left, and decreased sensation in the L5 and S1 nerve distribution on the left. Treatment recommendations on that date included prescriptions for Biotherm topical cream, gabapentin, and tramadol. A request for authorization was also submitted for an MRI of the lumbar spine as well as an EMG/NCV of the bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

DYOTIN SR (GABAPENTIN 250MG) #120 (2 CAPS BID): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16.

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

Decision rationale: California MTUS Guidelines state antiepilepsy 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. One recommendation for an adequate trial of gabapentin is 3 to 8 weeks for titration, then 1 to 2 weeks at maximum tolerated dosage. As per the documentation submitted, the injured worker does report persistent lower back pain with radiation to bilateral lower extremities. Physical examination does reveal diminished reflexes, diminished strength, and decreased sensation on the left. As the injured worker does present with signs and symptoms of neuropathic pain and gabapentin has been shown to be effective as a first line treatment for neuropathic pain, the current request can be determined as medically appropriate. The current request for a 30 day prescription does fall within guideline recommendations. Based on the aforementioned points, the current request is certified.

REPEAT EMG OF THE BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG TWC 2013 LOW BACK

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: California MTUS/ACOEM Practice Guidelines states electromyography including H-reflex tests may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. Official Disability Guidelines state electromyography may be useful to obtain unequivocal evidence of radiculopathy after 1 month of conservative therapy; however, EMG is not necessary if radiculopathy is already clinically obvious. As per the documentation submitted, the injured worker demonstrates decreased sensation, decreased strength, and decreased deep tendon reflexes on the left. There is no documentation of a neurologic deficit with regard to the right lower extremity. As guidelines do not recommend electromyography studies when radiculopathy is already clinically obvious, the current request cannot be determined as medically appropriate. There was also no documentation of a failure to respond to at least 1 month of conservative treatment. Based on the clinical information received, the request is non-certified.

REPEAT NCV OF THE BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, ODG TWC 2013 LOW BACK

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: California MTUS/ACOEM Practice Guidelines states electromyography including H-reflex tests may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. Official Disability Guidelines state

electromyography may be useful to obtain unequivocal evidence of radiculopathy after 1 month of conservative therapy; however, EMG is not necessary if radiculopathy is already clinically obvious. As per the documentation submitted, the injured worker demonstrates decreased sensation, decreased strength, and decreased deep tendon reflexes on the left. There is no documentation of a neurologic deficit with regard to the right lower extremity. As guidelines do not recommend electromyography studies when radiculopathy is already clinically obvious, the current request cannot be determined as medically appropriate. There was also no documentation of a failure to respond to at least 1 month of conservative treatment. Based on the clinical information received, the request is non-certified.