

Case Number:	CM14-0008872		
Date Assigned:	02/12/2014	Date of Injury:	01/05/2010
Decision Date:	08/08/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	01/22/2014

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 Tennessee. 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 66-year-old female patient with a 1/5/10 date of injury. She injured herself when assisting a client to get in and out of the taxi. She is status post XLIF to L4/5 with posterior fusion for unstable spondylolisthesis and scoliosis on 4/6/10-4/7/10. As of a 1/13/14 progress report the level was noted to be stabilized, however the patient had ongoing residual lower back and leg pain. She was noted to be under conservative treatment (including Norco, Omeprazole, and Gabapentin), for the last three years. The progress report 1/13/14 also indicated that the patient complained of worsening of the neck pain, depression and insomnia. She reported positive pain to palpation of the facets and increased pain with exertion. The MRI demonstrated facet pathology as well. Physical exam revealed pain on palpation in the facet joints at C5-6 and C6-7. Range of motion was limited due to pain. She was diagnosed with cervical facet syndrome at C5-6 and C6-7 and disc protrusion without any radiculopathy or radiculitis for cervical spine. 3/26/13 EMG/NCS upper extremity: no evidence of peripheral or cervical neuropathy. 1/10/13 lumbar x-ray demonstrated the fusion was complete at L4-5. Treatment to date: Physical therapy, and medication management, L4/5 XLIF There is documentation of a previous 1/21/14 adverse determination, based on the fact that the pain was related to facet disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

GABAPENTIN 100 MG #90 WITH 3 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-17.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines states that Gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The patient was noted to have had an XLIF to L4/5 with posterior fusion for unstable spondylolisthesis and scoliosis on 4/6/10-4/7/10, however, there was no documentation of lower extremity neuropathic pain before or after this procedure. There is mention of on going low back and leg pain, however, there are no focal neurological findings on exam in the lower (or upper) extremities, nor is the pain described as radiating from the low back to the legs. In addition, in 3/26/13 an EMG/NCS of the upper extremities showed no evidence of peripheral or cervical neuropathy. Although the 3/26/13 EMG/NCS of the lower extremities showed chronic denervation to L3-S1, the patient was noted to be on Gabapentin chronically for three years as of a 1/13/14 progress note. However, there has been no description of a decrease in pain on VAS with and without this medication. In addition, it is unclear if the Gabapentin was for the patient's cervical or lumbar condition. Therefore, the request for Gabapentin 100 mg #90 with 3 refills is not medically necessary.