

Case Number:	CM14-0108614		
Date Assigned:	08/01/2014	Date of Injury:	07/13/2007
Decision Date:	10/02/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/11/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back and knee pain reportedly associated with an industrial injury of August 13, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; adjuvant medications; unspecified amounts of physical therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated June 27, 2014, the claims administrator denied a request for Medrol and Gabapentin. The applicant's attorney subsequently appealed. On December 5, 2013, the applicant was described as having persistent complaints of low back pain radiating to the left leg. The applicant was using Soma, Norco, Motrin, and temazepam, it was stated. The applicant was working full time, modified duty work. Epidural steroid injection therapy and TENS unit trial were sought. The applicant was placed off of work for one day owing to an acute aggravation in symptoms. On March 6, 2014, the applicant again reported persistent complaints of low back pain radiating to the left leg. The applicant was placed off of work for one day owing to an acute exacerbation in pain and then returned to work. Norco and Soma were renewed. On May 22, 2014, the applicant seemingly reported low back pain radiating to the left lower extremity, reportedly aggravated since the last visit. The applicant was using Soma, Norco, Motrin, and Restoril, it was stated. The applicant exhibited diminished left lower extremity strength with an antalgic gait, positive straight leg raising, and reportedly mild left-sided footdrop. Norco, Soma, Medrol Dosepak, and Gabapentin were endorsed. The applicant was returned to full-time modified work. On June 19, 2014, the applicant reported persistent complaints of low back pain radiating to the left leg. The applicant stated that Medrol Dosepak had previously helped. The attending provider stated that Medrol had been employed to combat an acute flare in radicular pain. Gabapentin had also ameliorated the applicant's radiculopathy, the attending provider had

posited. Gabapentin was refilled. The applicant was again described as working full-time modified work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300 mg #90 (Date of Service: 06/27/2014): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-8, Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), Gabapentin.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin topic. Page(s): 49.

Decision rationale: As noted on page 49 of the MTUS Chronic Pain Guidelines, Gabapentin is a first-line treatment for neuropathic pain. In this case, the applicant did have an acute flare in neuropathic (radicular) pain on and around the date in question. A provision of Gabapentin was indicated to try and ameliorate the same. The attending provider did, furthermore, seemingly posit that the Gabapentin trial had succeeded in ameliorating the applicant's radicular complaints and noted that the applicant had maintained full-time work status with ongoing usage of the same. Therefore, the request is medically necessary.

Medrol dose pack #1 (Date of Service: 06/27/2014): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines -Treatment of worker's Compensation , Online Edition, Pain and Low Back-Lumbar & Thoracic Chapters, Oral Corticosteroids

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Third Edition ACOEM Guidelines.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 308, notes that oral corticosteroids such as Medrol are "not recommended," this is a topic/area where the MTUS Guideline has been supplanted by more current/more recent medical evidence. The Third Edition ACOEM Guidelines Low Back Chapter in Table 2 notes that glucocorticosteroids such as the Medrol Dosepak at issue are "recommended" for acute severe radicular pain syndromes. In this case, the attending provider did posit that the applicant had developed an acute flare in radicular complaints on and around the date in question. Provision of a Medrol Dosepak to ameliorate the same was indicated. Therefore, the request is medically necessary.

Gabapentin 300 mg #180 (Date of Service: 06/27/2014): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), Gabapentin.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin topic. Page(s): 49.

Decision rationale: As noted on page 49 of the MTUS Chronic Pain Guidelines, Gabapentin, an anticonvulsant adjuvant medication, is considered a "first-line treatment" for neuropathic pain. In this case, the applicant did apparently develop a flare in neuropathic (radicular) pain on and around the date in question. Provision of Gabapentin was indicated to try and ameliorate the same and was, per the attending provider, ultimately successful as evinced by the applicant's maintaining successful return to work status and diminution in radicular complaints following the introduction of Gabapentin. Therefore, the request is medically necessary.