MAXIMUS Federal Services

Case Number:	CM14-0020347		
Date Assigned:	05/02/2014	Date of Injury:	08/20/2009
Decision Date:	08/06/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/19/2014

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:

This is a 52-year-old female with an 8/20/09 date of injury.The 6/19/13 progress report indicates constant lower back pain. The patient is unable to sleep on her back because of constant issues with her lower back, occasionally radiating down to her legs. The 6/27/13 progress report indicates persistent lower extremity pain. The 7/24/13 progress report indicates ongoing lower back pain over the hardware site. Physical exam demonstrates significant pain on palpation over the heads of the screws. The 8/21/13 progress report indicates improving GERD. The 11/6/13 progress report indicates persistent lower back pain at the surgery site with no significant improvement. Physical exam demonstrates tenderness to palpation over the surgical site. The 11/11/13 progress report indicates persistent low back pain over the hardware. Physical exam demonstrates tenderness over the surgical hardware. The 12/23/13 progress report indicates persistent low back pain radiating to bilateral lower extremities. Physical exam demonstrates tenderness over the lumbar spine. There is decreased sensation in the bilateral L5 and S1 dermatomes. 7/16/13 lumbar CT demonstrates satisfactory alignment of L4 to S1, with no significant interval change, with beam hardening artifacts. The treatments to date has included physical therapy, medication, activity modification. The patient underwent L5-S1 anterior and posterior fusion on 1/19/12. The 3/11/14 progress report indicates persistent low back pain. There is tenderness over the lumbar spine and limited lumbar range of motion. The 4/17/14 progress report indicates persistent low back pain radiating to the bilateral feet. She complains of bleeding gums. There is tenderness over the lumbar spine and limited lumbar range of motion. There is documentation of a previous 2/11/14 adverse determination for Neurontin and a cervical MRI for lack of medical information to corroborate the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

NEURONTIN 600 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Anti-epileptic drugs Gabapentin page Page(s): 16-18, 49. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Neurontin).

Decision rationale: The 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 presents with persistent radiating pain complaints. However, there are numerous previous prescriptions for Neurontin with no subsequent assessment of efficacy. Therefore, the request for Neurontin 600 mg #60 was not medically necessary.

MRI OF CERVICAL SPINE: 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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines ODG (Neck and Upper Back Chapter) MRI.

Decision rationale: The CA MTUS supports imaging studies with red flag conditions; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; clarification of the anatomy prior to an invasive procedure and definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. However, there were no unequivocal objective findings that identify specific nerve compromise on the neurologic examination. It is unclear why a cervical MRI was requested. Therefore, the request for MRI of Cervical Spine was not medically necessary.