

<b>Case Number:</b>	CM14-0022493		
<b>Date Assigned:</b>	05/09/2014	<b>Date of Injury:</b>	10/21/2002
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	02/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/21/2014

### 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 Physical Medicine & Rehabilitation 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 54 year-old patient sustained an injury on 10/21/2002 while employed. Request(s) under consideration include 1 lumbar epidural steroid injection, 1 cardiology consultation for clearance for lumbar spine injections, and gabapentin 300mg # 30 with 3 refills. Medications list Gabapentin, Nortriptyline, and Methadone. Report of 1/27/14 from the provider noted patient with continued chronic complaints of low back pain radiating into the lower extremities. Current medications are said to increase function and decrease pain; however, no objective measurements of improvement are provided. Exam showed grossly normal gait without evidence of sedation. There is history of supraventricular tachycardia with unspecified ablation in 2004. Request(s) for 1 lumbar epidural steroid injection, 1 cardiology consultation for clearance for lumbar spine injections, and gabapentin 300mg # 30 with 3 refills were non-certified on 2/7/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 LUMBAR EPIDURAL STEROID INJECTION: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

**Decision rationale:** This 54 year-old patient sustained an injury on 10/21/2002 while employed by a construction company. Request(s) under consideration include 1 lumbar epidural steroid injection, 1 cardiology consultation for clearance for lumbar spine injections (LESI), and gabapentin 300mg #30 with 3 refills. Medications list Gabapentin, Nortriptyline, and Methadone. Report of 1/27/14 from the provider noted patient with continued chronic complaints of low back pain radiating into the lower extremities. Current medications are said to increase function and decrease pain; however, no objective measurements of improvement are provided. Exam showed grossly normal gait without evidence of sedation. There is history of supraventricular tachycardia with unspecified ablation in 2004. There were no neurologic deficits documented per brief objective findings. MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. In addition, to repeat a LESI in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. Submitted reports have not demonstrated any failed conservative treatment trial for this chronic injury of 2002 without flare-up, change in clinical findings or new injuries identified. Criteria for the LESI at unspecified level have not been met or established. The 1 Lumbar Epidural Steroid Injection is not medically necessary and appropriate.

**1 CARDIOLOGY CONSULTATION FOR CLEARANCE FOR LUMBAR SPINE INJECTIONS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College Of Occupational And Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7: Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**GABAPENTIN 300MG QTY:30 WITH 3 REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs/Gabapentin Page(s): 18-19.

**Decision rationale:** Although 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; however, submitted reports have not adequately demonstrated specific indication or clinical findings of neuropathic pain, identified neuropathic etiology or any neurological deficits relating to recent chronic pain complaints. There is also no specific symptom relief or functional benefit from treatment already rendered with supervising clinician recommending discontinuation of medication previously. Previous treatment with Gabapentin has not resulted in any functional benefit and medical necessity has not been established for this chronic 2002 injury. The gabapentin 300mg #30 with 3 refills are not medically necessary and appropriate.