

Case Number:	CM14-0022963		
Date Assigned:	05/14/2014	Date of Injury:	06/18/1992
Decision Date:	07/11/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/24/2014

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 Internal 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 patient is a 63 year old male who was injured on 08/06/1992. Mechanism of injury is unknown. Prior treatment history has included injections to the right shoulder glenohumeral joint on 07/01/2013, 10/28/2013 and 02/14/2014, which he states did not provide any significant improvement in his symptoms. The patient underwent a hammertoe correction on 02/13/2013 and used a Budin splint. On 01/29/2014 his current medication was Norco 10/325 mg. Diagnostic studies reviewed include X-rays of the cervical spine dated 10/04/2013 revealing the following: 1) C5-6 and C6-7 anterior cervical discectomy and fusion with no evidence of complication. There is no abnormal movement demonstrated upon flexion and extension. 2) Mild degenerative disc disease from C2 to C5 inclusive. Mild to moderate degenerative changes also noted at atlantodental articulation. 3) It should be noted that C7-T1 level is not well demonstrated and therefore cannot be assessed. A CT scan of the cervical spine dated 10/08/2013 revealed the following: 1) there is prior intervertebral disc fusion at C5-6 and C6-7 and prior anterior spinal fusion at C6 through C7. 2) There is a 4 mm far left and 2.5 mm far right posterolateral disc osteophytes at C6-7 resulting in moderate to severe left and mild to moderate right C6-7 foraminal encroachment. There is anatomic potential for impingement on the exiting left C7 nerve. 3) Mild to moderate disc degeneration at C3-4 identified with a 2.5 mm to 3 mm broad-based posterior disc bulge resulting in moderate C3-4 spinal canal stenosis. An EMG/NCV of bilateral upper and lower extremities performed on 10/17/2013 revealed the following impression: 1) Sensorimotor polyneuropathy with axonal loss. 2) The EMG showed chronic innervation at several of the distal muscles in the lower bilateral lower extremities including right and left tibialis anterior, right and left medial gastroc that is most likely due to neuropathy. However, bilateral L5 and S1 radiculopathy cannot be ruled out. 3) Mild chronic right C5, C6 and C7 radiculopathy. Progress report dated 01/07/2013 documented the patient experiences

significant left-sided neck pain and radiation of the pain into the left arm. He describes a numbness that radiates all the way down the arm into the hand and concentrates usually about the middle finger. He endorses a history of low back pain and radiating leg pain bilaterally, as well as weakness proximal greater than distal and circumferential numbness up to the level of the buttocks. Objective findings on examination of the neck reveal he has prior anterior neck scar as well as posterior midline scar which appeared to be well healed without evidence of infection. He has some tenderness to palpation of the left paraspinals. He is tight with some element of muscle spasm as well. Range of motion testing in the cervical spine shows he has flexion with only 4 fingerbreadths short of chin to chest. His extension is also significantly limited measuring only about 10 degrees or so. Axial rotation is about 30 degrees bilaterally. Lateral bending is about 10 degrees bilaterally. He had a questionable Spurling's sign to the left with some radiating parascapular and numbness, negative on the right. He has some tenderness to palpation over the lower thoracic spine and lumbosacral spine. He has a midline scar that appears to be well healed without evidence of infection. His area of maximal tenderness to palpation is in the mid to lower lumbar spine centered on the scar. He is exquisitely tender at the midline as well as off to the left. He has no tenderness to palpation over the bilateral sacroiliac joints. He is significantly limited in his range of motion of the lumbar spine in flexion and extension. Flexion is only about 40% of normal. Extension is limited to 10 degrees. On neurological testing in the bilateral upper extremities that patient has 5/5 strength throughout. His sensation is intact to light touch with the exception of diminished sensation throughout the left upper extremity. This is in circumferential distribution extending into the middle finger on the left. He has diminished reflexes throughout the upper extremities which are symmetric. He has a negative Hoffman's sign bilaterally. He has no evidence of inverted reflexes. In the bilateral lower extremities the patient has 3/5 iliopsoas, 3+/5 quadriceps strength bilaterally. Distally he has 5/5 strength in the anterior tibialis. EHL and gastroc soleus bilaterally. Sensation is diminished to light touch throughout the bilateral lower extremities in a circumferential distribution. It is most intense below the level of the knees.

Assessment: Status post anterior cervical discectomy and fusion C5-6 and C6-7. Failed back syndrome. Status post anterior lumbar interbody fusion, L4-5 and posterior lumbar decompression, L2 to S1. Low back pain with bilateral leg numbness and weakness. Peripheral neuropathy. Plan: There is no other mention of lumbar spine pathology off of this EMG/NCV. They did mention significant polyneuropathy at this point; I do not see clear surgical intervention that would aid the patient with regards to the lumbar spine. I am requesting authorization for referral to neurologist for further evaluation. Patient is tentatively scheduled for surgery on 01/22/2013. HE will also need preoperative medical clearance. In addition to surgical authorization, I am requesting authorization for referral to primary care physician for preoperative clearance. This will include blood work, CBC, BMP, PT, PTT, INR as well as urinalysis, chest x-ray and an EKG with full physical. Progress report dated 01/29/2014 documented the patient with a history of hepatitis B and C. His current problem is deep vein thrombosis. UR report dated 02/12/2014 did not certify the request for an MRI of the lumbar spine as it does not appear that additional studies are necessary at this time. Previous imaging studies express sufficient evidence of diagnosis. The request for referral to podiatry was not certified because the referral is not warranted within the initial four weeks of presentation and without any attempt at conservative treatment. As the foot drop has recently begun and as the exact causation of the foot drop cannot be assumed to originate within the foot itself, the prospective request for one referral to podiatry is recommended not certified. The request for Neurontin-gabapentin 300 mg #90 with three refills was modified to Neurontin 300 mg #90 with

no refills with the remaining two refills not certified. Guidelines suggest a trial period of three to eight weeks in which the most effective dosage can be established. , Therefore, in coordination with the above guidelines, the prospective request for one prescription is thus certified with modification. The request for neuropathy labs including: TSH, ESR, ANA, RPR, B12, utox, SPEP, HgA1C, cryoglobulin, hepatitis panel, Chem-10, CBC and HIV is not certified. There are multiple reports previous reports of upper and lower extremity EMG/NCV studies from March 2011 and October 2013 which reveal sensorimotor polyneuropathies that affect both the cervical and lumbar nerve root levels. With these studies and the coordinating MRI and CT scans of the cervical and lumbar areas, diagnosis and causation has previously been established. Therefore, examination through laboratory screenings is not indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, MRIs (magnetic resonance imaging).

Decision rationale: According to the CA MTUS guidelines, MRI is recommended for disc protrusion, cauda equine syndrome, spinal stenosis, and post-laminectomy syndrome. The medical records document the patient was diagnosed with status post anterior lumbar interbody fusion, L4-L5 and posterior lumbar decompression of L2-L1, failed back syndrome, and low back pain with bilateral leg numbness and weakness. In the absence of documented objective findings that identify specific nerve compromise on the neurologic examination, the request is not medically necessary according to the guidelines.

NEUROPATHY LABS INCLUDING: TSH (THYROID STIMULATING HORMONE): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Thyroid function tests MedlinePlus. A service of the U.S. National Library of Medicine.
<http://www.nlm.nih.gov/medlineplus/ency/article/003444.htm>.

Decision rationale: The CA MTUS guidelines and ODG have not addressed the issue of dispute. According to the MedlinePlus recommendations, Thyroid function tests are common tests used to tell how well your thyroid is working: T3 test, T3 resin uptake, T4 test, Thyroid scan, TSH test. The medical records document the patient was diagnosed with status post

anterior lumbar interbody fusion, L4-L5 and posterior lumbar decompression of L2-L1, failed back syndrome, and low back pain with bilateral leg numbness and weakness. In the absence of documented subjective and objective findings that warrant the indication for this type of investigation, the request is not medically necessary according to the guidelines.

NEUROPATHY LABS INCLUDING: ESR (ERYTHROCYTE SEDIMENTATION RATE): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ESR MedlinePlus. A service of the U.S. National Library of Medicine <http://www.nlm.nih.gov/medlineplus/ency/article/003638.htm>.

Decision rationale: The CA MTUS guidelines and ODG have not addressed the issue of dispute. According to the MedlinePlus recommendations, ESR stands for erythrocyte sedimentation rate. It is commonly called a "sed rate." It is a test that indirectly measures how much inflammation is in the body. However, it is useful for detecting and monitoring: Autoimmune disorders, certain forms of arthritis, inflammatory diseases that cause vague symptoms, Tissue death, and Tuberculosis. The medical records document the patient was diagnosed with status post anterior lumbar interbody fusion, L4-L5 and posterior lumbar decompression of L2-L1, failed back syndrome, and low back pain with bilateral leg numbness and weakness. In the absence of documented subjective and objective findings that warrant the indication for this type of investigation, the request is not medically necessary according to the guidelines.

NEUROPATHY LABS INCLUDING: ANA (ANTINUCLEAR ANTIGEN): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Antinuclear antibody panel MedlinePlus. A service of the U.S. National Library of Medicine <http://www.nlm.nih.gov/medlineplus/ency/article/003535.htm>.

Decision rationale: The CA MTUS guidelines and ODG have not addressed the issue of dispute. According to the MedlinePlus recommendations, antinuclear antibodies ANA are substances produced by the immune system that attack the body's own tissues. The presence of ANA in the blood may be due to: Chronic liver disease, Collagen vascular disease, Drug-induced lupus erythematosus, Myositis (inflammatory muscle disease), Rheumatoid arthritis, Sjogren syndrome, and Systemic lupus erythematosus. Increased ANA levels may sometimes be seen in people with: Systemic sclerosis (scleroderma), Thyroid disease. The medical records document the patient was diagnosed with status post anterior lumbar interbody fusion, L4-L5 and posterior lumbar decompression of L2-L1, failed back syndrome, and low back pain with bilateral leg

numbness and weakness. In the absence of documented subjective and objective findings that warrant the indication for this type of investigation, the request is not medically necessary according to the guidelines.

NEUROPATHY LABS INCLUDING: RPR (RAPID PLASMA REAGIN): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation RPR test MedlinePlus. A service of the U.S. National Library of Medicine. <http://www.nlm.nih.gov/medlineplus/ency/article/003533.htm>.

Decision rationale: The CA MTUS guidelines and ODG have not addressed the issue of dispute. According to the MedlinePlus recommendations, RPR (rapid plasma reagin) is a screening test for syphilis. It looks for antibodies that are present in the blood of people who have the disease. The medical records document the patient was diagnosed with status post anterior lumbar interbody fusion, L4-L5 and posterior lumbar decompression of L2-L1, failed back syndrome, and low back pain with bilateral leg numbness and weakness. In the absence of documented subjective and objective findings that warrant the indication for this type of investigation, the request is not medically necessary according to the guidelines.

NEUROPATHY LABS INCLUDING: B12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Vitamin B12 level MedlinePlus. A Service of the U.S. National Library of Medicine <http://www.nlm.nih.gov/medlineplus/ency/article/003705.htm>.

Decision rationale: The CA MTUS guidelines and ODG have not addressed the issue of dispute. According to the MedlinePlus recommendations, Vit. B12 level is suggested in a condition called Megaloblastic anemia, pernicious anemia is a form of Megaloblastic anemia caused by poor Vit B12 absorption. This can occur when the stomach makes less of the substance the body needs to properly absorb Vit B12. Low level of Vit B12 can cause: numbness or tingling in the arms and legs, weakness, and loss of balance. Also the test can be requested if the patient complained of delirium, or dementia. The medical records document the patient was diagnosed with status post anterior lumbar interbody fusion, L4-L5 and posterior lumbar decompression of L2-L1, failed back syndrome, and low back pain with bilateral leg numbness and weakness. In the absence of documented subjective and objective findings that warrant the indication for this type of investigation, further the patient is a known case of chronic hepatitis B and C, liver diseases increase the level of Vit. B12. Therefore the request is not medically necessary according to the guidelines.

NEUROPATHY LABS INCLUDING: UTOX (URINE TOXICOLOGY SCREEN): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine drug testing (UDT).

Decision rationale: According to CA MTUS guidelines and ODG, UDT is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. This information includes clinical observation, results of addiction screening, pill counts, and prescription drug monitoring reports. The prescribing clinician should also pay close attention to information provided by family members, other providers and pharmacy personnel. The frequency of urine drug testing may be dictated by state and local laws. The medical records document the patient was diagnosed with status post anterior lumbar interbody fusion, L4-L5 and posterior lumbar decompression of L2-L1, failed back syndrome, and low back pain with bilateral leg numbness and weakness. In the absence of documented subjective and objective findings that warrant the indication for this type of investigation, the request is not medically necessary according to the guidelines.

NEUROPATHY LABS INCLUDING: SPEP (SERUM PROTEIN ELECTROPHORESIS):
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Protein electrophoresis - serum MedlinePlus. A service of the U.S. National Library of Medicine.<http://www.nlm.nih.gov/medlineplus/ency/article/003540.htm>.

Decision rationale: The CA MTUS guidelines and ODG have not addressed the issue of dispute. According to the MedlinePlus recommendations, RPR (rapid plasma reagin) is a screening test for syphilis. It looks for antibodies that are present in the blood of people who have the disease. The medical records document the patient was diagnosed with status post anterior lumbar interbody fusion, L4-L5 and posterior lumbar decompression of L2-L1, failed back syndrome, and low back pain with bilateral leg numbness and weakness. In the absence of documented subjective and objective findings that warrant the indication for this type of investigation, the request is not medically necessary according to the guidelines.

NEUROPATHY LABS INCLUDING: HgA1C: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Hemoglobin A1c (HbA1c) Test for Diabetes MedlinePlus. A service of the U.S. National Library of Medicine. <http://www.nlm.nih.gov/medlineplus/ency/article/003640.htm>.

Decision rationale: The CA MTUS guidelines and ODG have not addressed the issue of dispute. According to the MedlinePlus recommendations, Hg A1c is a lab test that shows the average level of blood sugar (glucose) over the previous 3 months. It shows how well you are controlling your diabetes. The medical records document the patient was diagnosed with status post anterior lumbar interbody fusion, L4-L5 and posterior lumbar decompression of L2-L1, failed back syndrome, and low back pain with bilateral leg numbness and weakness. In the absence of documented subjective and objective findings that warrant the indication for this type of investigation, the request is not medically necessary according to the guidelines.

NEUROPATHY LABS INCLUDING: CRYOGLOBULINS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cryoglobulins MedlinePlus. A service of the U.S. National Library of Medicine. <http://www.nlm.nih.gov/medlineplus/ency/article/003462.htm>.

Decision rationale: The CA MTUS guidelines and ODG have not addressed the issue of dispute. According to the MedlinePlus recommendations, Cryoglobulins are abnormal proteins that come in three main types, but in 90% of cases the cause is hepatitis C. A positive test may indicate: Hepatitis (especially hepatitis C), Infectious mononucleosis, Leukemia Lymphoma, Macroglobulinemia - primary, Multiple myeloma, Rheumatoid arthritis, Systemic lupus erythematosus. The disease in which cryoglobulins are found is called cryoglobulinemia. The medical records document the patient was diagnosed with status post anterior lumbar interbody fusion, L4-L5 and posterior lumbar decompression of L2-L1, failed back syndrome, and low back pain with bilateral leg numbness and weakness. In the absence of documented subjective and objective findings that warrant the indication for this type of investigation, the request is not medically necessary according to the guidelines.

NEUROPATHY LABS INCLUDING: HEPATITIS PANEL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hepatitis virus panel MedlinePlus. A service of the U.S. National library of Medicine. <http://www.nlm.nih.gov/medlineplus/ency/article/003558.htm>.

Decision rationale: The CA MTUS guidelines and ODG have not addressed the issue of dispute. According to the MedlinePlus recommendations, Hepatitis virus panel is a series of blood tests used to detect current or past infection by hepatitis A, hepatitis B, or hepatitis C. It can screen blood samples for more than one kind of hepatitis virus at the same time. The medical records document the patient was diagnosed with status post anterior lumbar interbody fusion, L4-L5 and posterior lumbar decompression of L2-L1, failed back syndrome, and low back pain with bilateral leg numbness and weakness. In the absence of documented subjective and objective findings that warrant the indication for this type of investigation, the request is not medically necessary according to the guidelines.

NEUROPATHY LABS INCLUDING: CHEM 10: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Basic metabolic panel MedlinePlus. A service of the U.S. National Library of Medicine.<http://www.nlm.nih.gov/medlineplus/ency/article/003462.htm>.

Decision rationale: The CA MTUS guidelines and ODG have not addressed the issue of dispute. According to the MedlinePlus recommendations, a Basic metabolic panel is a group of blood tests that provides information about your body's metabolism. This test is done to evaluate: Kidney function, Blood acid/base balance, and Blood sugar levels. The medical records document the patient was diagnosed with status post anterior lumbar interbody fusion, L4-L5 and posterior lumbar decompression of L2-L1, failed back syndrome, and low back pain with bilateral leg numbness and weakness. In the absence of documented subjective and objective findings that warrant the indication for this type of investigation, the request is not medically necessary according to the guidelines.

NEUROPATHY LABS INCLUDING: CBC (COMPLETE BLOOD COUNT): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CBC MedlinePlus. A service of the U.S. National Library of Medicine.<http://www.nlm.nih.gov/medlineplus/ency/article/003642.htm>.

Decision rationale: The CA MTUS guidelines and ODG have not addressed the issue of dispute. According to the MedlinePlus recommendations, a complete blood count (CBC) is used to detect or monitor many different health conditions. It may be used to: Diagnose infections or allergies, Detect blood clotting problems or blood disorders, including anemia, Evaluate red blood cell production or destruction. The medical records document the patient was diagnosed with status post anterior lumbar interbody fusion, L4-L5 and posterior lumbar decompression of L2-L1, failed back syndrome, and low back pain with bilateral leg numbness and weakness. In

the absence of documented subjective and objective findings that warrant the indication for this type of investigation, the request is not medically necessary according to the guidelines.

NEUROPATHY LABS INCLUDING: HIV (HUMAN IMMUNODEFICIENCY VIRUS):
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ELISA/Western blot tests for HIV MedlinePlus. A service of the U>S> National Library of Medicine.<http://www.nlm.nih.gov/medlineplus/ency/article/003538.htm>.

Decision rationale: The CA MTUS guidelines and ODG have not addressed the issue of dispute. According to the MedlinePlus recommendations, ELISA/Western blot tests for HIV are a set of blood tests used to diagnose chronic infection with human immunodeficiency virus (HIV). The medical records document the patient was diagnosed with status post anterior lumbar interbody fusion, L4-L5 and posterior lumbar decompression of L2-L1, failed back syndrome, and low back pain with bilateral leg numbness and weakness. In the absence of documented subjective and objective findings that warrant the indication for this type of investigation, the request is not medically necessary according to the guidelines.

PRESCRIPTION OF NEURONTIN 300MG, #90 WITH 3 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neurontin (Gabapentin).

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

Decision rationale: According to CA MTUS guidelines, Antiepilepsy drugs (AEDs) are recommended for neuropathic pain (pain due to nerve damage). After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. The medical records document the patient was diagnosed with status post anterior lumbar interbody fusion, L4-L5 and posterior lumbar decompression of L2-L1, failed back syndrome, and low back pain with bilateral leg numbness and weakness. However, the medical necessity has not been established for initiating this medication, it is unknown from the submitted medical records whether the patient have been on this medication before or it is first time request as the request require 3 refills. Therefore, the request is not medically necessary this time according to the guidelines.