

<b>Case Number:</b>	CM14-0189522		
<b>Date Assigned:</b>	11/20/2014	<b>Date of Injury:</b>	10/21/2002
<b>Decision Date:</b>	01/08/2015	<b>UR Denial Date:</b>	10/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2014

### 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:

According to the records made available for review, this is a 55-year-old female with a 10/21/02 date of injury. At the time (10/21/14) of the request for authorization for 1 Bilateral transforaminal lumbar epidural steroid injection at L5-S1 with Lumbar Epidurogram, IV sedation, fluoroscopic guidance, and contrast dye; Gabapentin 300mg #90 with 3 refills; and Gabapentin 300mg #60 with 3 refills, there is documentation of subjective (chronic low back pain, radiates from her back into her bilateral lower extremities) and objective (tenderness to palpation at the lumbosacral junction, motor strength was mildly decreased with left foot dorsiflexion compared to the right lower extremity) findings, imaging findings (MRI lumbar spine (9/24/14) report revealed degenerative disc disease at L5-S1 with mild facet arthropathy and small broad-based disc protrusion), current diagnoses (long-term use meds NEC, degeneration lumbar lumbosacral disc, and neck pain), and treatment to date (physical therapy and medication including Gabapentin for at least 5 months). Regarding 1 Bilateral transforaminal lumbar epidural steroid injection at L5-S1 with Lumbar Epidurogram, IV sedation, fluoroscopic guidance, and contrast dye, there is no documentation of imaging (MRI, CT, myelography, or CT myelography & x-ray) findings (nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at the requested level. Regarding Gabapentin 300mg #90 with 3 refills and Gabapentin 300mg #60 with 3 refills, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Gabapentin use to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Bilateral transforaminal lumbar epidural steroid injection at L5-S1 with Lumbar Epidurogram, IV sedation, fluoroscopic guidance, and contrast dye: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Epidural Steroid Injections (ESIs)

**Decision rationale:** MTUS reference to ACOEM Guidelines identifies documentations of objective radiculopathy in an effort to avoid surgery as criteria necessary to support the medical necessity of epidural steroid injections. ODG identifies documentation of subjective (pain, numbness, or tingling in a correlating nerve root distribution) and objective (sensory changes, motor changes, or reflex changes (if reflex relevant to the associated level) in a correlating nerve root distribution) radicular findings in each of the requested nerve root distributions, imaging (MRI, CT, myelography, or CT myelography & x-ray) findings (nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at each of the requested levels, failure of conservative treatment (activity modification, medications, and physical modalities), and no more than two nerve root levels injected one session; as criteria necessary to support the medical necessity of lumbar transforaminal epidural steroid injection using fluoroscopy. Within the medical information available for review, there is documentation of diagnoses of long-term use meds NEC, degeneration lumbar lumbosacral disc, and neck pain. In addition, there is documentation of subjective (pain) and objective (motor changes) radicular findings in the requested nerve root distribution, failure of conservative treatment (activity modification, medications, and physical modalities), and no more than two nerve root levels injected one session. However, given the documented imaging findings (MRI lumbar spine (9/24/14) report revealed degenerative disc disease at L5-S1 with mild facet arthropathy and small broad-based disc protrusion), there is no documentation of imaging (MRI, CT, myelography, or CT myelography & x-ray) findings (nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at the requested level. Therefore, based on guidelines and a review of the evidence, the request for 1 Bilateral transforaminal lumbar epidural steroid injection at L5-S1 with Lumbar Epidurogram, IV sedation, fluoroscopic guidance, and contrast dye is not medically necessary.

**Gabapentin 300mg #90 with 3 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 18-19. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain, as criteria necessary to support the medical necessity of Neurontin (gabapentin). MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of long-term use meds NEC, degeneration lumbar lumbosacral disc, and neck pain. In addition, there is documentation of neuropathic pain. However, given documentation of treatment with Gabapentin for at least 5 months, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Gabapentin use to date. Therefore, based on guidelines and a review of the evidence, the retrospective request for Gabapentin 300mg #90 with 3 refills is not medically necessary.

**Gabapentin 300mg #60 with 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 18-19. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain, as criteria necessary to support the medical necessity of Neurontin (gabapentin). MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of long-term use meds NEC, degeneration lumbar lumbosacral disc, and neck pain. In addition, there is documentation of neuropathic pain. However, given documentation of treatment with Gabapentin for at least 5 months, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Gabapentin use to date. Therefore, based on guidelines and a review of the evidence, the retrospective request for Gabapentin 300mg #60 with 3 refills is not medically necessary.