

<b>Case Number:</b>	CM14-0200887		
<b>Date Assigned:</b>	12/11/2014	<b>Date of Injury:</b>	07/13/2007
<b>Decision Date:</b>	01/29/2015	<b>UR Denial Date:</b>	11/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 Family Practice, 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 45 year old female patient who sustained a work related injury on 8/13/2007. The exact mechanism of injury was not specified in the records provided. The current diagnoses include left piriformis muscle syndrome, central disc protrusion at L5-S1 touching her S1 nerve root, S1 radiculopathy, status post fluoroscopically-guided bilateral L4-5 and bilateral L5-S1 facet joint radiofrequency nerve ablation (neurotomy /rhizotomy), lumbar facet joint arthropathy from L4 through S1 and central disc protrusion at L4. Per the doctor's note dated 11/6/2014, patient has complaints of bilateral low back pain radiating to left buttock, to left posterior thigh, to left calf and left foot. Physical examination of the revealed lumbar and knee ranges of motion were restricted by pain in all directions, tenderness on palpation over lumbar paraspinal muscles overlying the bilateral L4 to S1 facet joints, and left piriformis, lumbar discogenic provocative maneuvers were positive, sacroiliac joint provocative maneuvers were positive, nerve root tension signs were negative bilaterally, a positive left straight leg raise, Lasegue's, and sitting root, clonus, Babinski's, and Hoffman's signs were absent bilaterally, muscle strength 4/5 and a mild positive left foot drop with antalgic gait. The current medication lists include Soma 350, Norco 10/325 and blood pressure medication. The previous medication list include Gabapentin, Ibuprofen, temazepam, Amrix, Silenor and Percocet. The patient's surgical history include Total Hysterectomy in February, 2014. The patient has had fluoroscopically-guided left LS and left S1 transforaminal epidural steroid injection. The patient has received an unspecified number of PT visits for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medrol dose pack #1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, medications Page(s): 37. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (updated 01/19/15).

**Decision rationale:** Medrol (methylprednisolone) dosepack contains a corticosteroid used to treat and control inflammation associated with arthritis and other conditions. MTUS state guideline does not specifically address this issue. Hence ODG used. Per the cited guidelines cited below, oral corticosteroids are "Not recommended for chronic pain. There is no data on the efficacy and safety of systemic corticosteroids in chronic pain, so given their serious adverse effects, they should be avoided. (Tarner, 2012) See the Low Back Chapter, where they are recommended in limited circumstances for acute radicular pain. Multiple severe adverse effects have been associated with systemic steroid use, and this is more likely to occur after long-term use. And Medrol (methylprednisolone) tablets are not approved for pain. (FDA, 2013)." Therefore there is no high grade scientific evidence to support the use of oral corticosteroids like medrol dose pack for this diagnosis. Response to other pharmacotherapy including NSAIDs for pain is not specified in the records provided. The medical necessity of the request for Medrol dose pack #1 is not fully established in this patient.

**Gabapentin 300mg #180:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18.

**Decision rationale:** According to the CA MTUS Chronic pain guidelines regarding Neurontin/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.... Spinal cord injury: Recommended as a trial for chronic neuropathic pain..... Lumbar spinal stenosis: Recommended as a trial, with statistically significant improvement found in walking distance, pain with movement, and sensory deficit... This medication appears to be effective in reducing abnormal hypersensitivity (allodynia and hyperalgesia), to have anti-anxiety effects, and may be beneficial as a sleep aid." Per the doctor's note dated 11/6/2014, patient has complaints of bilateral low back pain radiating to left buttock, to left posterior thigh, to left calf and left foot. Physical examination of the revealed lumbar and knee ranges of motion were restricted by pain in all directions, tenderness on palpation over lumbar paraspinal muscles overlying the bilateral L4 to S1 facet joints, and left piriformis, lumbar discogenic provocative maneuvers were positive, sacroiliac joint provocative maneuvers were positive, a positive left straight leg raise, muscle strength 4/5 and a mild positive left foot drop with antalgic gait. The

previous medication list include Gabapentin, Ibuprofen, temazepam, Amrix, Silenor and Percocet. The patient has had fluoroscopically-guided left L5 and left S1 transforaminal epidural steroid injection. The patient has chronic pain with a neuropathic component. The patient has abnormal objective findings that are consistent with the patient symptoms. Anticonvulsants or antiepileptics like gabapentin / Neurontin are medically appropriate and necessary in this patient. The cited guidelines support the use of Gabapentin 300mg #180 in patients with this clinical situation therefore the request is deemed medically necessary.