

Case Number:	CM15-0006646		
Date Assigned:	01/26/2015	Date of Injury:	04/30/2007
Decision Date:	03/26/2015	UR Denial Date:	01/01/2015
Priority:	Standard	Application Received:	01/12/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 54-year-old male who reported injury on 04/30/2007. The mechanism of injury was cumulative trauma. The injured worker underwent physical therapy and x-rays, with an MRI for the shoulder. The injured worker had x-rays of the lumbar spine and nerve conduction studies of the bilateral upper and lower extremities on 07/09/2010, which revealed chronic left L5 radiculopathy. The injured worker had an MRI of the lumbar spine on 07/30/2010, revealing multilevel disc desiccation; L4-5 and L5-S1: 3 to 3.2 mm disc protrusions, foraminal stenosis; L2-3, L3-4: 2.3 to 2.5 mm; L1-2: 3 mm disc protrusion. The injured worker was utilizing opiates since at least 2011. There was a Request for Authorization submitted for review dated 12/23/2014. The documentation of 12/10/2014 revealed the injured worker had been treated for the lumbar spine with physical therapy and a series of 2 epidural steroid injections. The surgical history was noncontributory. The injured worker's medications included gabapentin 300 mg twice a day; Norco 5/325 mg 1 every 12 hours; and tramadol hydrochloride 50 mg 1 every 12 hours. The physical examination of the lumbar spine revealed 1+ palpable muscle spasms. Range of motion was decreased, and the injured worker had a straight leg raise that was positive bilaterally at 60 degrees; muscle strength was 5/5; the sensory examination was intact to light touch with both lower extremities. The reflex testing was within normal limits. The diagnoses included lumbar spine sprain and strain with chronic low back pain and bilateral lower extremity radicular symptoms. The injured worker complained of pain in the back. The treatment plan included an MRI of the lumbar spine. The injured worker indicated over the prior year, he had gradually progressing back pain with increasing back pain radiating down the bilateral lower

extremities, left greater than right. The injured worker indicated he had increased difficulty with walking and prolonged sitting. The injured worker stated he had more numbness in the lower extremities; and as such, the physician was asking for an updated MRI of the lumbar spine. Additionally, the request was made for gabapentin 300 mg twice a day for neuropathic pain; Norco 5/325 mg. The documentation indicated the injured worker had an improvement in pain and an improvement in function with the medication. The injured worker was being monitored for aberrant drug behavior through urine drug screens. There was a narcotic agreement on file. The documentation indicated the physical examination of 06/21/2010 revealed the injured worker had referred back pain with the left faber's and Yeoman's test. The injured worker had a positive straight leg raise bilaterally; and the injured worker had hypoesthesia in the left L5 dermatome with plantarflexion, foot eversion, and foot inversion strength of 4/5; along with extensor hallucis strength of 4/5 on the left.

IMR ISSUES, DECISIONS AND RATIONALES

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

One MRI of the lumbar spine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) MRIs (magnetic resonance imaging).

Decision rationale: The Official Disability Guidelines indicate a repeat MRI is recommended when there is a significant change in symptoms or findings suggestive of a significant pathology. The clinical documentation submitted for review indicated the injured worker had previously undergone an MRI of the lumbar spine. While the injured worker noted increased symptoms, there was a lack of documentation of myotomal or dermatomal findings to support and corroborate the injured worker's symptoms. The documentation indicated the injured worker had abnormal findings of decreased sensation and strength in 2010. There was a lack of documentation of a significant change. Given the above, the request for MRI of the lumbar spine is not medically necessary.

Gabapentin 300 mg, sixty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs Page(s): 16.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend antiepilepsy medications as a first line medication for the treatment of neuropathic pain. There should be documentation of objective functional pain decrease of at least 30% to

50%, and objective functional improvement. The clinical documentation submitted for review failed to provide documentation of 30% to 50% objective decrease in pain and documentation of objective quantifiable functional improvement. The request as submitted failed to indicate the frequency for the medication being requested. Given the above, the request for gabapentin 300 mg #60 is not medically necessary.

Norco 5/325 mg, sixty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain, Ongoing Management Page(s): 60; 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, and an objective decrease in pain; and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker was being monitored for aberrant drug behavior. There was a lack of documentation of objective functional improvement and an objective decrease in pain. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Norco 5/325 mg 60 count is not medically necessary.