

Case Number:	CM15-0141169		
Date Assigned:	07/30/2015	Date of Injury:	09/07/2004
Decision Date:	08/31/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/20/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 64-year-old female, who sustained an industrial injury on September 7, 2004. Treatment to date has included spinal cord stimulator, physical therapy, opioid medications, and lumbar laminectomy. Currently, the injured worker complains of low back pain. She rates her pain a 9 on a 10-point scale. She reports that her pain has been steadily increasing over the past few months and the pain radiates across her back and down into the right buttock and the right lower extremity. She reports that her spinal cord stimulator alleviates about 25% of her low back pain. Her ability to exercise and perform activities of daily living is compromised due to pain. She describes her back pain as aching, cramping and spasmodic. Her pain is aggravated with squatting, standing, walking, and relieved with analgesics, medication and rest. On physical examination, the injured worker has tenderness to palpation over the lumbar spine and her lumbar range of motion is limited by pain. She has positive straight leg raise on the right. The diagnoses associated with the request include lumbar degenerative disc disease, low back pain, sciatica, post laminectomy syndrome of the lumbar region, and sacroiliac pain. The treatment plan includes lumbar transforaminal epidural steroid injection. The evaluating physician notes that the injured worker cannot use opioid medications due to opioid tolerance and dependence and is status post rehabilitation. She is not able to have MRI for evaluation due to spinal cord stimulator hardware and the transforaminal epidural steroid injection is her only option.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 300mg #270 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49.

Decision rationale: According to MTUS, Neurontin has been shown to be effective for the treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered to be first line treatment for neuropathic pain. Continuous use of Neurontin cannot be certified without documentation of efficacy. There no documentation that the patient developed chronic neuropathic pain. There are no controlled studies supporting the use of neurontin for chronic back pain. In addition, there is no documentation of pain and functional improvement with previous use of neurotin. Therefore, the request for Neurontin 300mg #270 with 1 refill is not medically necessary.

Right L3-4, L4-5 Transoframinal ESI: 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): 309.

Decision rationale: According to MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short-term benefit; however there is no significant long term benefit or reduction for the need of surgery. Furthermore, the patient file does not document that the patient is candidate for surgery. In addition, there is no clinical and objective documentation of radiculopathy in this case. There is no electro diagnostic documentation of radiculopathy. There is no radiological documentation of disc disease in this case. Although the patient cannot have an MRI because of spinal cord stimulator, a CT scan with and without contrast could image the patient spinal condition. MTUS guidelines do not recommend epidural injections for back pain without radiculopathy (309). There is no clear documentation of failure of conservative therapies and compliance with first line therapies such as physical therapy. Therefore, the request for Right L3-4, L4-5 Transoframinal ESI is not medically necessary.