

Case Number:	CM15-0184571		
Date Assigned:	09/25/2015	Date of Injury:	08/27/2007
Decision Date:	11/02/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/20/2015

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: California, Indiana, New York
 Certification(s)/Specialty: Internal 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:

This is a 56 year old male with an injury date of 8-27-07. A review of the medical records indicates that the injured worker is undergoing treatment for chronic neck and back pain. On 8-3-15 the injured worker reported continued complaints of low back pain with radiation into the left lower extremity and left hip. He rated his pain 4 out of 10. He continued to have greater than 50% relief in pain from 8 out of 10 to a 2 out of 10 with the lumbar steroid epidural injection performed on 5-29-15 which he paid out of pocket. On 8-31-15 he reports a flare of his lower back pain after recent bronchial infection with coughing for 2 and a half weeks. He rates his pain 6 out of 10. He reports being able to stop Oxycontin after receiving his last epidural injection. He does continue to get relief with Oxycontin for chronic pain in neck and left shoulder. Physical exam reveals good back range of motion and pain with flexion, rotation and hyper-extension and tenderness over L4-5, L5-S1 facets. Treatments include: medication, physical therapy, chiropractic and injections. X-ray of cervical spine reveals anterior fusion with metal plate and screws and degenerative spondylotic changes cervical spine with reduced intervertebral disc heights at C3-4 and C4-5. Lumbar spine MRI on 11-19-14 revealed lumbar degenerative disc disease, facet arthropathy, L3-S1 stenosis, disc bulge, disc protrusion and annular tear L3-S1 osteophytes. Request for authorization dated 9-2-15 was made for gabapentin 600 mg quantity 180 with no refills and left lumbar epidural steroid injection at L4-5. Utilization review dated 9-9-15 non-certified both requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg #180 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-epilepsy drugs (AEDs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Anti-epilepsy drugs (AEDs).

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Gabapentin 600 mg #180 with 2 refills with is not medically necessary. Gabapentin is recommended for some neuropathic pain conditions and fibromyalgia. Gabapentin is associated with a modest increase in the number of patients experiencing meaningful pain reduction. Gabapentin is an anti-epilepsy drug. In this case, the injured worker's working diagnoses are lumbago; bulging lumbar disc; lumbar facet arthropathy; spasms; cervicalgia; lumbar radiculitis; cervical radiculitis. Date of injury is August 27, 2007. Request for authorization is September 2, 2015. According to an August 31, 2015 progress note, subjective complaints include low back pain. The injured worker received a prior lumbar left epidural steroid injection at L4-L5 with 50% pain relief. Objectively, there is tenderness to palpation overlying the L4-L5 and L5-S1 paravertebral muscles. Motor examination is 4/5 in the bilateral lower extremities. There is no unequivocal objective evidence of radiculopathy neurologically. Although there is documentation indicating functional improvement with ongoing gabapentin, there is no clinical indication for the two refills. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and no clinical indication or rationale for an additional two refills with gabapentin 600 mg dispense #180, Gabapentin 600 mg #180 with 2 refills is not medically necessary.

Left LESI at L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Epidural steroid injections (ESIs).

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, left lumbar epidural steroid injections at L4-L5 is not medically necessary. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, nonsteroidal anti-inflammatories and muscle relaxants); in the therapeutic phase, repeat blocks should be based on continued objective documented pain

and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks, etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response, etc. See the guidelines for details. In this case, the injured worker's working diagnoses are lumbago; bulging lumbar disc; lumbar facet arthropathy; spasms; cervicalgia; lumbar radiculitis; cervical radiculitis. Date of injury is August 27, 2007. Request for authorization is September 2, 2015. According to an August 31, 2015 progress note, subjective complaints include low back pain. The injured worker received a prior lumbar left epidural steroid injection at L4-L5 with 50% pain relief. Objectively, there is tenderness to palpation overlying the L4-L5 and L5-S1 paravertebral muscles. Motor examination is 4/5 in the bilateral lower extremities. There is no unequivocal objective evidence of radiculopathy neurologically. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and no documentation with clear-cut evidence of radiculopathy on physical examination, left lumbar epidural steroid injections at L4-L5 is not medically necessary.