

Case Number:	CM15-0194271		
Date Assigned:	10/08/2015	Date of Injury:	06/01/2001
Decision Date:	11/24/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/02/2015

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

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 52 year old female who sustained an industrial injury June 1, 2001. Past history included 11 knee surgeries (unspecified) and one knee replacement (unspecified) 1981-1994; carpal tunnel release 1995, gastric bypass and hernia repair 2004, back surgery 2005, right shoulder arthroscopy 2008, SCS (spinal cord stimulator) implant 2008 and battery replacement 2012, diabetes and depression. Diagnoses are failed back syndrome; restless leg syndrome; chronic pain due to trauma; chronic radiculopathy thoracic or lumbosacral; facet arthralgia; myalgia and myositis; chronic degenerative disc disease, lumbar. According to a primary treating physician's progress notes dated September 18, 2015, the SCS has helped the injured worker by alleviating nerve pain by 95% or so especially in her left leg. She reported new symptomatology following a motor vehicle accident June 2, aggravating her low back but causing new pain in her neck and upper back. She reports her pain as 10 out of 10 without medication and 7 out of 10 with medication and an average in the last month of 7 out of 10. With medication she can work, volunteer and be active eight hours daily and without medication she can get out of bed but doesn't get dressed and stays at home all day. She complains of increasing numbness in her inner right thigh and toes and she has had her SCS reprogrammed to attempt to cover this symptom. The physician documented the Opiate Risk Tool (ORT) total score as 7. Current medication included Topamax, Dilaudid, Climara, Effexor, Trazodone, Docusate, Promethazine, Requip (since 06-22-2015), Gabapentin (since 06-22-2015), Depakote, Propranolol, Robaxin, and Fentanyl. Objective findings included 5'10" and 180 pounds; gait antalgic and flatback; straight leg raise positive right radiates right and left radiates left; Patrick's (Faber) negative bilaterally; range of motion full with moderate pain and extension severely restricted. The physician documented she is acquiring her medication through other means,

as her medications have been denied. At issue, is a request for authorization for CT scan of the lumbar spine, Gabapentin, and Requip. A urine toxicology report dated August 20, 2015, is present in the medical record. According to utilization review dated September 29, 2015, the request for Nuvigil 50mg #30 is certified. The requests for CT scan of the lumbar spine, Gabapentin 800mg #360 and Requip 1mg #180 were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan of the lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies, Diagnostic Criteria.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic Chapter, under CT.

Decision rationale: The patient presents with lower back pain radiating to the left foot, right foot and left thigh rated 10/10 without and 7/10 with medications. The request is for CT scan of the lumbar spine. The request for authorization is dated 09/18/17. The patient is status post back surgery, 2005. Patient's diagnoses include restless leg syndrome; low back pain, chronic; failed back surgery syndrome lumbar; chronic pain due to trauma; radiculopathy thoracic or lumbar, chronic; facet arthralgia; myalgia and myositis, unspecified; degenerative disc disease lumbar, chronic. Physical examination of the lumbar spine reveals tenderness: spinous, paraspinous, gluteals, piriformis, quadratus, PSIS, sciatic notch. Straight leg raise - right: radiates right, Left: radiates left. Painful range of motion. With medications the patient is able to: work/volunteer/ is active eight hours daily. Take part in family life. Outside social activities limited. Patient's medications include Topamax, Dilaudid, Climara, Effexor, Trazodone, Docusate Sodium, Promethazine, Requip, Gabapentin, Depakote, Propranolol, Robaxin, Percocet, and Fentanyl. Per progress report dated 09/18/15, the patient is P&S. ODG Guidelines, Low Back - Lumbar & Thoracic Chapter, under CT (computed tomography) Section states: "Not recommended except for indications below for CT. Magnetic resonance imaging has largely replaced computed tomography scanning in the noninvasive evaluation of patients with painful myelopathy because of superior soft tissue resolution and multiplanar capability. If there is a contraindication to the magnetic resonance examination such as a cardiac pacemaker or severe claustrophobia, computed tomography myelography, preferably using spiral technology and multiplanar reconstruction is recommended. Indications for imaging: Thoracic spine trauma: equivocal or positive plain films, no neurological deficit; Thoracic spine trauma: with neurological deficit; Lumbar spine trauma: trauma, neurological deficit; Lumbar spine trauma: seat belt chance-fracture; Myelopathy neurological deficit related to the spinal cord, traumatic; Myelopathy, infectious disease patient; Evaluate pars defect not identified on plain x-rays; Evaluate successful fusion if plain x-rays do not confirm fusion." Per progress report dated 09/18/15, treater's reason for the request is "to evaluate her increasing neurological symptoms and surgery site adjacent segment pain." In this case, the patient status post back surgery in 2005, but continues with lower back pain. Review of provided medical records shows no evidence of a prior CT scan. Given the patient's physical exam findings of neurological deficit, the request appears reasonable. Therefore, the request is medically necessary.

Requip 1mg #180: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg (acute & chronic), updated 07/10/2015.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, under Restless legs syndrome.

Decision rationale: The MTUS and ACOEM Guidelines do not address Requip; however, ODG Guidelines, Knee & Leg Chapter, under Restless legs syndrome (RLS) Section states, Diagnostic Criteria: There are four essential criteria. (Allen, 2003) (1) An urge to move the legs, usually accompanied by uncomfortable and unpleasant sensations in the legs. Pain is often a primary component (reported as often as 50% of the time). Symptoms may involve the arms or other body parts. (2) The urge to move/unpleasant sensations become worse during periods of rest or inactivity. (3) Movement partially relieves the urge to move/unpleasant sensations (at least as long as the movement continues). And (4) The urge to move/unpleasant sensations are generally worse at night, or only occur at night. Pharmacologic: Intermittent symptoms: "As needed/PRN" medications are recommended including the following: (D) Dopamine agonists: Requip (ropinirole), Mirapex (pramipexole). These drugs are not considered first-line treatment and should be reserved for patients who have been unresponsive to other treatment. Adverse effects include sleepiness, nausea, dizziness, fatigue, insomnia, hallucinations, constipation, and peripheral edema. Provider does not specifically discuss this medication. Review of provided medical records show the patient was prescribed Requip on 03/09/15. In this case, the patient is diagnosed with restless leg syndrome. For medication use in chronic pain, MTUS page 60 requires documentation of pain assessment and function as related to the medication use. However, provider has not discussed or documented pain relief and functional improvement with specific examples with use of Requip. Therefore, the request is not medically necessary.

Gabapentin 800mg #360: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: MTUS Guidelines, Gabapentin section on pg 18-19 states, "Gabapentin (Neurontin, Gabarone: generic available) 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." Per progress report dated 09/18/15, provider's reason for the request is "for nerve pain." Review of provided medical records show the patient was prescribed Gabapentin on 03/09/15. The patient continues with lower back pain. For medication use in chronic pain, MTUS page 60 requires documentation of pain assessment and function as related to the medication use. In this case, provider has discussed and documented pain relief and functional improvement with specific examples with use of Gabapentin. Therefore, the request is medically necessary.