

<b>Case Number:</b>	CM15-0205003		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	01/15/2013
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	10/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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: Illinois, California, Texas  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 injured worker is a 33-year-old male who sustained an industrial injury on 1/15/13. Injury occurred while moving pallets at work. He underwent a left L4/5 microdiscectomy on 10/3/14. The 9/29/15 lumbar spine MRI revealed a left paracentral disc protrusion deforming the thecal sac and displacing the left intrathecal nerve roots. There was impingement on the traversing left L5 nerve root and no significant scar tissue at the laminectomy sites. Records indicated that the injured worker had been prescribed Norco 10/325mg and Motrin 800mg since at least 7/16/14. The 9/30/15 treating physician report cited a significant increase in left low back pain radiating into the left lower extremity over the past 6 months. He had difficulty walking without a cane and had a sense of left leg and foot weakness. Physical exam documented antalgic gait favoring the left leg, 4/5 left dorsiflexion weakness, and some sensory blunting over the left dorsal foot involving the first web space. Straight leg raise was positive on the left. The diagnosis was recurrent left L4/5 disc herniation. The treatment plan recommended left L4/5 laminectomy and disc excision. Norco and Motrin were continued. Gabapentin 300mg 3 times per day was added. Authorization was requested for lumbar microdiscectomy (level not specified), an unspecified length of stay, gabapentin 300mg #90 with 11 refills, and Motrin 800mg #90 with 5 refills. The 10/16/15 utilization review modified the request for lumbar discectomy with an unspecified length of stay to an L4/5 lumbar microdiscectomy consistent with the treating physician's treatment plan. The request for a non-specific length of stay was modified to length of stay of 23 hours. The request for Motrin 800mg #90 with 5 refills was modified to Motrin 800mg #90 with 3 refills as the medical necessity of post-operative use was not established. The request for

Gabapentin 300mg #90 with 11 refills was modified to Gabapentin 300mg #90 with one refill as the medical necessity of post-operative use was not established.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Lumbar microdiscectomy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 13th Edition (Web), 2015, Low Back, Microdiscectomy.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic: Discectomy/Laminectomy.

**Decision rationale:** The California MTUS recommend surgical consideration when there is severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise. Guidelines require clear clinical, imaging and electrophysiologic evidence of a lesion that has been shown to benefit both in the short term and long term from surgical repair. The guidelines recommend that clinicians consider referral for psychological screening to improve surgical outcomes. The Official Disability Guidelines recommend criteria for lumbar discectomy that include symptoms/findings that confirm the presence of radiculopathy and correlate with clinical exam and imaging findings. Guideline criteria include evidence of nerve root compression, imaging findings of nerve root compression, lateral disc rupture, or lateral recess stenosis, and completion of comprehensive conservative treatment. This injured worker presents with worsening left low back pain radiating down the left leg. Functional difficulty was documented in ambulation. Clinical exam findings were consistent with imaging evidence of L5 nerve root compromise. The diagnosis was recurrent L4/5 disc herniation. Records indicated that an L4/5 microdiscectomy was planned. The 10/16/15 utilization review modified this request for a lumbar microdiscectomy with no level specified to an L4/5 microdiscectomy. There is no compelling rationale to support the medical necessity of additional certification. Therefore, this request is not medically necessary.

#### **Associated surgical service: length of stay (dates not specified): 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), Treatment Index, 13th Edition (Web), 2015, Low Back, Hospital length of stay (LOS).

**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: Hospital length of stay (LOS).

**Decision rationale:** The California MTUS does not provide hospital length of stay recommendations. The Official Disability Guidelines recommend the median length of stay (LOS) based on type of surgery, or best practice target LOS for cases with no complications. The recommended median length of stay for lumbar discectomy is 1 day and best practice target is outpatient. The 10/16/15 utilization review modified this non-specific request to an outpatient (23-hour stay) stay consistent with the best practice target. There is no compelling rationale to support the medical necessity of a non-specific length of stay at this time. Therefore, this request is not medically necessary.

**Gabapentin 300mg #90 with 11 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): Antiepilepsy drugs (AEDs).

**Decision rationale:** The California MTUS guidelines indicate anti-epilepsy drugs (AEDs) such as gabapentin may be used in the treatment of neuropathic pain, although most randomized controlled trials have been directed at postherpetic neuralgia and diabetic neuropathy. After initiation of treatment, there should be documentation of pain relief and improvement in function as well as side effects incurred with use. A good response to the use of AEDs has been defined as a 50% reduction in pain and a moderate response as a 30% reduction. After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Guidelines indicate that an adequate trial with gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. Guideline criteria have not been met. This is the initial prescription of gabapentin. Guidelines support a trial including an initial 3 to 8 weeks for titration of this medication, and 1 to 2 weeks at maximum dose to assess functional response. There is no compelling rationale to support a one-year prescription of this medication as an initial prescription. The 10/15/15 utilization review modified this request for Gabapentin 300mg #90 with 11 refills to Gabapentin 300mg #90 with one refill. There is no compelling rationale to support the medical necessity of additional medication certification at this time. Therefore, this request is not medically necessary.

**Motrin 800mg #90 with 5 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications, NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** The California MTUS recommend the use of NSAIDs (non-steroidal anti-inflammatory drugs) like Motrin for treatment of symptoms associated with osteoarthritis and chronic back pain and as a second line option for acute exacerbations of chronic back pain. It is generally recommended that the lowest effective dose be used for the shortest duration of time consistent with the individual patient treatment goals. NSAIDs are recommended for short-term symptomatic relief in patients with chronic back pain. Guideline criteria have not been met for continued use beyond the immediate post-operative period. The 10/16/15 utilization review modified this request for Motrin 800mg #90 with 5 refills to Motrin 800mg #90 with 3 refills. There is no compelling rationale to support the on-going use of a NSAIDs beyond the 4 months currently certified. Therefore, this request is not medically necessary.