

<b>Case Number:</b>	CM15-0210832		
<b>Date Assigned:</b>	10/29/2015	<b>Date of Injury:</b>	08/19/2011
<b>Decision Date:</b>	12/15/2015	<b>UR Denial Date:</b>	10/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2015

### 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 51 year old female, who sustained an industrial injury on 8-19-2011. The injured worker is undergoing treatment for chronic lumbar radiculitis, lumbar degenerative disc disease (DDD). Medical records dated 8-4-2015 indicate the injured worker complains of low back pain radiating to the left leg. Physical exam dated 8-4-2015 notes obvious discomfort, slow guarded gait, positive left straight leg raise, left leg weakness, painful decreased lumbar range of motion (ROM) and negative urinary drug screen (UDS). Treatment to date has included lumbar fusion, labs, medication including Mobic and Gabapentin since at least 5-26-2015, physical therapy and home exercise program (HEP). The original utilization review dated 10-7-2015 indicates the request for Tramadol 50mg #90 is certified and Mobic 15mg #30 and Gabapentin 300mg #60 is non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Mobic 15mg #30 RFA: 9/24/15: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

**Decision rationale:** The 51 year old patient complains of low back pain and radiating left leg pain, as per progress report dated 08/04/15. The request is for MOBIC 15mg #30 RFA: 9/24/15. The patient's date of injury is 08/19/11. The patient is status post L5-S1 fusion in February, 2014, as per progress report dated 08/04/15. Diagnosis also included chronic left lumbar radiculitis. Medications include Tramadol, Mobic and Gabapentin. Diagnoses, as per progress report dated 01/18/15, included lower extremity neuritis, lumbar degenerative disc disease, lumbar disc displacement, and lumbar and lumbosacral fusion. The patient is off work, as per this report. The patient's status is permanent and stationary, as per progress report dated 08/04/15. MTUS Chronic Pain Medical Treatment Guidelines 2009, pg 22 Anti-inflammatory medications section states: "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." MTUS pg60 under Medications for chronic pain also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In this case, Mobic is first noted in progress report dated 04/07/15. In progress report dated 05/26/15, the treater states that the patient was "taken off of Norco a few visits ago," and put on Mobic, Tramadol and Gabapentin. These medications help "her with her pain, but sometimes she feels drowsy." The treater, however, does not document the impact of the NSAID on the patient's function, as required by MTUS, page 60, for all pain medications. Given the lack of relevant documentation, the request is not medically necessary.

**Gabapentin 300mg #60 RFA: 9/24/15:** Upheld

**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:** The 51 year old patient complains of low back pain and radiating left leg pain, as per progress report dated 08/04/15. The request is for Gabapentin 300mg #60 RFA: 9/24/15. The patient's date of injury is 08/19/11. The patient is status post L5-S1 fusion in February, 2014, as per progress report dated 08/04/15. Diagnosis also included chronic left lumbar radiculitis. Medications include Tramadol, Mobic and Gabapentin. Diagnoses, as per progress report dated 01/18/15, included lower extremity neuritis, lumbar degenerative disc disease, lumbar disc displacement, and lumbar and lumbosacral fusion. The patient is off work, as per this report. The patient's status is permanent and stationary, as per progress report dated 08/04/15. MTUS Chronic Pain Medical Treatment Guidelines 2009 has the following regarding Gabapentin on pg 18, 19, Specific Anti-epilepsy Drugs section: "Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and post-therapeutic neuralgia and has been considered as a first-line treatment for

neuropathic pain." In this case, Gabapentin is first noted in progress report dated 04/07/15. As per the report, the medication is being prescribed for "chronic pain symptoms and radiculopathy." In progress report dated 05/26/15, the treater states that the patient was "taken off of Norco a few visits ago," and put on Mobic, Tramadol and Gabapentin. These medications help "her with her pain, but sometimes she feels drowsy." The patient has been diagnosed with lower extremity neuritis for which Gabapentin is indicated. The treater, however, does not document the impact of the medication on the patient's function, as required by MTUS, page 60, for all pain medications. Given the lack of relevant documentation, the request is not medically necessary.