

Case Number:	CM15-0032112		
Date Assigned:	02/25/2015	Date of Injury:	08/19/2009
Decision Date:	04/13/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/20/2015

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, Hawaii
 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 47 year old male, who sustained an industrial injury on August 19, 2009. He has reported injury of the back. The diagnoses have included lumbar sprain. Treatment to date has included medications, and a home exercise program. Currently, the IW complains of low back pain with radiation into the lower extremities and associated numbness and tingling of the feet. Physical findings reveal tenderness in the thoracic and lumbar spine regions, decreased range of motion, and a positive straight leg raise test. The records indicate long term use of Neurontin with continued symptomology. On January 28, 2015, Utilization Review non-certified Neurontin 600mg #120, and Sonata 10mg #30, and magnetic resonance imaging with gadolinium of thoracic spine with anesthesia, and magnetic resonance imaging with gadolinium of lumbar spine with anesthesia. The MTUS and ODG guidelines were cited. On February 20, 2015, the injured worker submitted an application for IMR for review of Neurontin 600mg #120, and Sonata 10mg #30, and magnetic resonance imaging with gadolinium of thoracic spine with anesthesia, and magnetic resonance imaging with gadolinium of lumbar spine with anesthesia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 600mg #120: Upheld

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

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

Decision rationale: The patient presents with low back pain. The current request is for Neurontin 600mg #120. The treating physician states, he complains of low back pain radiating to the bilateral feet with numbness and tingling, left side greater than right. Patient takes Nucynta multiple times a day for breakthrough pain. (C.61) There was no further discussion of the current request in the treating physician report dated 01/12/15. The only other mention of the request is back in November 2014 when the treating physician states: Refill Neurontin (c.52) The MTUS guidelines state with regards to Gabapentin (Neurontin), Gabapentin is an anti-epilepsy drug (AEDs - also referred to as anti-convulsant), which 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. In this case, the patient has been taking the current request for more than two months. There is no indication that the patient suffers from neuropathic pain or is epileptic. There is no discussion of pain and function as required in the MTUS guides on page 60. The current request is not medically necessary.

MRI scan with gadolinium of thoracic spine with anesthesia: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177 and 178.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, MRIs.

Decision rationale: The patient presents with low back pain. The current request is for MRI scan with gadolinium of thoracic spine with anesthesia. The treating physician states, he complains of low back pain radiating to the bilateral feet with numbness and tingling, left side greater than right. Patient takes Nucynta multiple times a day for breakthrough pain. Request authorization for MRI scans with gadolinium of the thoracic spine as the patient's pain has shifted upwards due to the fusion at L4 through S1 and overcompensation of movement. The patient requires anesthesia due to severe claustrophobia. (C.61) the MTUS guidelines do not address lumbar spine MRI scans. The ODG guidelines state not recommended except for indications list below: Chronic Neck Pain; Neck pain with radiculopathy; Suspected Cervical Spine Trauma; Known Cervical Spine Trauma; Upper Back/Thoracic spine trauma with neurological deficit. In this case, the patient has been diagnosed with lower extremity radiculitis and suffers from back pain down to his lower extremities. There is an indication that the patient underwent an MRI back in 2011 according to the treating physician report. There is no independent report submitted for review that discusses the MRI. Repeat MRI's are only to be authorized if there are new complaints that arise. In this case, there is no indication of the baseline pain or where the pain levels are currently. There is also no discussion of any new trauma or reasoning for the repeat MRI. The current request is not medically necessary.

Gadolinium of lumbar spine with anesthesia: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 53 and 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic).

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, MRI's.

Decision rationale: The patient presents with low back pain. The current request is for MRI scan with gadolinium of lumbar spine with anesthesia. The treating physician states, he complains of low back pain radiating to the bilateral feet with numbness and tingling, left side greater than right. Patient takes Nucynta multiple times a day for breakthrough pain. Request authorization for MRI scans with gadolinium of the thoracic spine as the patient's pain has shifted upwards due to the fusion at L4 through S1 and overcompensation of movement. The patient requires anesthesia due to severe claustrophobia. (C.61) The MTUS guidelines do not address lumbar spine MRI scans. The ODG guidelines lumbar chapter indicates MRI scans for patients with lower back pain with radiculopathy, suspicion of cancer, infection and other red flags. In this case, the patient has been diagnosed with lower extremity radiculitis and suffers from back pain down to his lower extremities. There is an indication that the patient underwent an MRI back in 2011 according to the treating physician report. There is no independent report submitted for review that discusses the MRI. Repeat MRI's are only to be authorized if there are new complaints that arise. In this case, there is no indication of the baseline pain or where the pain levels are currently. There is also no discussion of any new trauma or reasoning for the repeat MRI. The current request is not medically necessary.

Sonata 10mg #30: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Stress Chapter, Sedative Hypnotics.

Decision rationale: The patient presents with low back pain. The current request is for Sonata 10mg #30. The treating physician states he complains of low back pain radiating to the bilateral feet with numbness and tingling, left side greater than right. Patient takes Nucynta multiple times a day for breakthrough pain. (C.61) There was no further discussion of the current request in the treating physician report dated 01/12/15 except for a notion for the request to be refilled. The ODG Guidelines with regards to sedative hypnotic's state: Not recommended for long-term use, but recommended for short-term use. Recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase. In this case, the patient has been prescribed the medication since at least 12/5/14 according the treating physicians progress report with the same date. The current medication request has been

prescribed to the patient longer than 3 weeks. The current request exceeds the MTUS recommendation for short-term usage. The current request is not medically necessary.