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| Case Number: | CM15-0042481 | | |
| Date Assigned: | 03/12/2015 | Date of Injury: | 02/11/1993 |
| Decision Date: | 04/16/2015 | UR Denial Date: | 02/26/2015 |
| Priority: | Standard | Application Received: | 03/06/2015 |

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: Emergency 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:

The injured worker is a 49 year old male, who sustained an industrial injury on February 11, 1993. The injured worker was diagnosed as having lumbar degenerative joint disease, lumbar and thoracic spondylosis with radiculopathy, lumbar stenosis and chronic pain, post laminectomy syndrome of the thoracic spine, thoracic disc displacement, lumbar spondylosis with myelopathy, arachnoiditis, myofascial pain, and lumbar/thoracic degenerative disc disease. Treatment to date has included lumbar laminectomy, intrathecal pump placement, medications, imaging of the lumbar and thoracic spine. Currently, the injured worker complains of severe pain of the low back and a new onset of lateral left-sided flank muscular pain. The deep pain in the thoracic spine is completely resolved with an intrathecal pump. The injured worker has tenderness to palpation over the left posterior back over the iliac crest. The evaluating physician notes that x-rays of the lumbar spine with T cane reveal fusion mass on the lateral part of L4-S2 with sharp edges on the fusion mass laterally on the left side. The treatment plan included continuation of Zofran, Gabapentin, Soma, Topical medication and plan for trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy drugs, Pages 16-18 Page(s): 16-18.

Decision rationale: The requested Gabapentin 600mg #150 is not medically necessary. Chronic Pain Medical Treatment Guidelines, Anti-Epilepsy drugs, Pages 16-18, 21, note that anti-epilepsy drugs are "Recommended for neuropathic pain due to nerve damage", and "Outcome: 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". The injured worker has severe pain of the low back and a new onset of lateral left-sided flank muscular pain. The deep pain in the thoracic spine is completely resolved with an intrathecal pump. The injured worker has tenderness to palpation over the left posterior back over the iliac crest. The treating physician has not documented the guideline-mandated criteria of percentages of relief to establish the medical necessity for its continued use. The criteria noted above not having been met. Gabapentin 600mg #150 is not medically necessary.