

Case Number:	CM15-0054905		
Date Assigned:	03/30/2015	Date of Injury:	07/13/2007
Decision Date:	05/01/2015	UR Denial Date:	03/07/2015
Priority:	Standard	Application Received:	03/23/2015

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: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

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 46 year old female, who sustained an industrial injury on 7/13/07. She has reported a back injury. The diagnoses have included lumbar facet joint arthropathy and lumbar radiculopathy. Treatment to date has included medications, Epidural Steroid Injection (ESI), and Home Exercise Program (HEP). Currently, as per the physician progress note dated 2/17/15, the injured worker complains of low back pain that radiates to the left buttock, thigh, calf and foot. The physical exam of the musculoskeletal spine revealed restricted lumbar range of motion, due to pain with lumbar tenderness with palpation. Lumbar discogenic and sacroiliac joint provocative maneuvers were positive. There was positive left straight leg raise, Lasegue's, and sitting root signs. There was mild positive left foot drop and Clonus, Babinski and Hoffman's signs were absent bilaterally. The current medications included Soma and Norco. There were no recent Magnetic Resonance Imaging (MRI) or x-ray reports noted. The physician requested treatments included Medrol does pack (quantity unknown) and Gabapentin (dosage and quantity unknown) for acute radicular pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrol does pack (quantity unknown): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain chapter.

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, Oral Corticosteroids.

Decision rationale: ODG section on pain states that oral corticosteroids are not recommended for chronic pain except in polymyalgia rheumatica. The risks of use are high and outweigh any benefits in chronic pain. There is limited use for oral steroids in acute radicular back pain. In this case, there is documentation of acute radicular back pain symptoms. Medrol dose pack is medically necessary.

Gabapentin (dosage and quantity unknown): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 18-19.

Decision rationale: CA MTUS guidelines state that gabapentin is effective for treatment for diabetic painful neuropathy and post-herpetic neuralgia. It is considered a first line intervention for neuropathic pain. There is limited evidence to show that gabapentin is effective for post-operative pain where fairly good evidence shows that it reduces need for narcotic pain control. In this case, the gabapentin is prescribed for chronic pain with good documentation of a neuropathic component. Gabapentin is medically necessary.