

<b>Case Number:</b>	CM15-0067773		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	11/16/2011
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	03/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2015

### 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: New York, West Virginia, Pennsylvania  
 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 58-year-old female, who sustained an industrial injury on 11/16/11. She reported low back, right hip and leg injuries. The injured worker was diagnosed as having musculoligamentous sprain/strain of lumbar spine, lumbosacral instability, lumbar radiculopathy of right leg, gait derangement, possible iliotibial band syndrome and right sciatica. Treatment to date has included topical creams, transdermal patches, oral medications and activity restrictions. Currently, the injured worker complains of continued pain of low back, right hip and leg, increased since previous visit. Physical exam noted decreased range of motion of lumbar spine, mild tenderness to palpation over the spinous process and tenderness to palpation over the right iliotibial band of right hip and over the sciatic distribution of right lower extremity with restricted range of motion. The treatment plan included request for authorization of Gabapentin, laboratory studies and return to work with restrictions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 100mg #90 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-19.

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

**Decision rationale:** Guidelines state that gabapentin may be effective for treatment of diabetic neuropathy and postherpetic neuralgia. In this case, the patient does not have diabetic neuropathy or postherpetic neuralgia. The request for gabapentin 100 mg #90 with 2 refills is not medically appropriate and necessary.

**X-ray of right hip:** 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), Hip & Pelvis, X-Ray.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and pelvis.

**Decision rationale:** Guidelines state that hip x-rays may be useful in identifying patients with a high risk of development of hip osteoarthritis. In this case, the patient did not sustain any trauma to the hip nor is there documentation of the diagnosis being considered to support x-ray of the hip. The request for right hip x-ray is not medically appropriate and necessary.

**Chem-8:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.ncbi.nlm.nih.gov/oybned/3061615](http://www.ncbi.nlm.nih.gov/oybned/3061615).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Specific Drug List Page(s): 70.

**Decision rationale:** Guidelines recommend chem 8 testing for patients at high risk for drug misuse. In this case, there is no documentation of the types of medications the patient is taking to support the request for chem 8. The request for chem 8 testing is not medically appropriate and necessary.

**Hepatic function panel:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70.

**Decision rationale:** Guidelines recommend chem 8 testing for patients at high risk for drug misuse. In this case, there is no documentation of the types of medications the patient is taking to support the request for hepatic function panel. The request for hepatic panel testing is not medically appropriate and necessary.

**CBC:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70.

**Decision rationale:** Guidelines recommend chem 8 testing for patients at high risk for drug misuse. In this case, there is no documentation of the types of medications the patient is taking to support the request for CBC. The request for CBC testing is not medically appropriate and necessary.