

Case Number:	CM14-0139054		
Date Assigned:	09/05/2014	Date of Injury:	02/16/2005
Decision Date:	09/29/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	08/27/2014

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. The expert reviewer is Board Certified in Emergency Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient with reported date of injury on 2/16/2005. Mechanism of injury is described as a slip and fall at work. Patient has a diagnosis of chronic pain syndrome, cervicgia, and post laminectomy syndrome, spinal stenosis of lumbar region, lumbar radiculopathy, depression, cervical spondylosis, and shoulder arthritis. Patient is post C5-C7 spinal fusion which was done prior to injury on 1/2006 and revision on 3/12. Medical reports reviewed. Last report available until 9/4/14. Patient complains of neck pain radiating to L upper extremity. Patient also complains of low back pain worst on L side. Worsened with movement. Pain is 5/10 with pain up to 9/10 and occasionally improves to 3/10. Medications are reportedly somewhat helpful. Objective exam reveals obesity and discomfort. Neck exam with limited range of motion (ROM) and pain. Spurling negative. Spine exam reveals tenderness over spinous process of thoracic vertebrae. Tenderness to bilateral facets at cervical and lumbar region. Lumbar facet pain was significant with L side worse than R side. Positive facet loading test. Tenderness with ROM. MRI of lumbar spine(4/19/07) reveals prominent facet hypertrophy, R worse than L side at L3-L4 with compression of R posterolateral aspect of thecal sac as well as compression of R L4 nerve root. Posterior bulge at L4-5 with posterior annular tear causing mild enlargement on anterior aspect of the thecal sac. Current medications include HCTZ, Lexapro, Morphine ER, Lisinopril, Neurontin, Norco, and Metformin. Patient has had prior epidural steroid injections with mild improvement, prior radio frequency ablation of bilateral L3, L4 branches, physical therapy, and medications. Independent Medical Review is for X-ray of lumbar spine and Gabapentin 600mg #60. Prior UR on recommended 8/20/14 recommended as not medically necessary of X-ray of lumbar spine. It Approved Morphine ER, Norco, physical therapy and appears to approve Gabapentin prescription as well.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-Ray of the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, and Radiography.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Lumbar X-rays.

Decision rationale: As per note on 8/5/14 requested X-ray due to increasing low back pain. As per ACOEM Guidelines, Lumbar X-rays are not recommended unless there are red flag findings or that it may somehow aid in management. Patient has known lumbar spine disease from prior MRI. There is no noted reasoning for X-ray except for "worsening" back pains. X-ray of Lumbar spine is not medically necessary.

Gabapentin 600mg, qty 60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti epilepsy Drugs (AEDs) Page(s): 18-19.

Decision rationale: Prior UR on 8/20/14 approved this prescription request. That decision will not affect my IMR of the medication request. Gabapentin (Neurontin) is an anti-epileptic drug with efficacy in neuropathic pain. Pt. has documentation of neuropathic pains specifically radiculopathy. While there are notes mentioning other EMG/NCVs that show radiculopathy, those reports were not provided for my review. There is some evidence that it may be useful in fibromyalgia but pt. does not have that diagnosis. Pt. has also been on this medication chronically with documentation showing decrease use of other pain medications. The continued use of Gabapentin for patient's radicular pain is medically necessary.