

Case Number:	CM14-0094492		
Date Assigned:	07/25/2014	Date of Injury:	07/13/2007
Decision Date:	10/14/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/20/2014

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 Occupational 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:

There were 24 pages provided for this review. There were medicines dispensed in the ER including cyclobenzaprine, and a ketorolac injection. She was seen on September 13, 2014. She was described as a 45-year-old female who had a back pain flare-up. She has a prior history of her emergency department visits for back pain flare-ups for 12 days. She was out of town during the onset of this flare. She missed work today due to the pain. The pain is a left-sided sciatica from the sacroiliac joint down to the posterior knee. There is no abdominal pain or urinary symptoms. The records note she is covered under workers compensation due to the injury. She had epidurals in the past. There was no new trauma. She also had migraine, depression and hypertension. Medicines include amlodipine, Colace, soma and Norco. There was a well-known history of left sciatica without any new neurologic symptoms. She was stable for discharge. There was a denial for the patient's gabapentin. There was an application for independent medical review for the Medrol Dosepak, number 10 refills, and gabapentin 300 mg number 90 zero refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrol Dose Pack #1 use as directed, 0 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oral corticosteroids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Medrol, Oral Corticosteroids

Decision rationale: Regarding Medrol, the MTUS is silent. The ODG notes oral corticosteroids are not recommended for chronic pain. There is no data on the efficacy and safety of systemic corticosteroids in chronic pain, so given their serious adverse effects, they should be avoided. (Tanner, 2012). There is limited use for acute radicular pain. Multiple severe adverse effects have been associated with systemic steroid use, and this is more likely to occur after long-term use. And Medrol (methylprednisolone) tablets are not approved for pain. (FDA, 2013). The request is appropriately non-certified.

Gabapentin 300mg #90, 0 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16, 19.

Decision rationale: The MTUS notes that anti-epilepsy drugs (AEDs) like Gabapentin are also referred to as anti-convulsants, and are recommended for neuropathic pain (pain due to nerve damage). However, there is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. It is not clear in this case what the neuropathic pain generator is, and why therefore that Gabapentin is essential. Gabapentin (Neurontin, Gabarone, generic available) 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. This claimant however has neither of those conditions. The request is appropriately non-certified under the MTUS evidence-based criteria.