

Case Number:	CM15-0179311		
Date Assigned:	09/21/2015	Date of Injury:	05/15/2004
Decision Date:	11/02/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/11/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 69 year old female, who sustained an industrial injury on 5-15-2004. The injured worker was diagnosed as having lumbago, lumbosacral radiculitis, post-laminectomy syndrome, and sacroiliitis. Past medical history included hypertension and "bleeding problems". Treatment to date has included diagnostics, multiple lumbar surgeries, epidural steroid injections (most recent 7-17-2015), physical therapy, and medications. Currently (9-09-2015), the injured worker complains of no reduction in pain following a right transforaminal steroid injection at L5-S1, S1. She presented with low back pain and right leg pain, along with numbness and tingling around the ankle and foot, and described the pain as "heavy". The pain radiated into the tailbone and posterior-lateral right leg. Pain was rated 8 out of 10 (7 out of 10 on 8-17-2015 and 9 out of 10 on 8-03-2015), and "there has been no best". She reported no episodes of frank loss of bowel function but has had very seldom instances of mild bowel incontinence. Lumbar radiographs were documented to show "Similar transpedicular fixation of L4, L5, and S1 with interbody disc prostheses and obliquely oriented anterior retention screws. Hardware appears intact. Similar configuration of bones. Vertebral heights are maintained. Mild dextroconvex scoliosis of L-spine similar. Slight rightward displacement L3 on L4 similar. Impression: Similar lumbosacral fusion." Medication use was not limited to but included Gabapentin 600mg three times daily, Oxycontin ER, Percocet, and Trazadone. Exam of the lumbosacral spine noted lumbar spine and facet column tenderness, range of motion "limited" with extension and lateral rotation, slight weakness in the right hip flexion, positive facet loading, tenderness at the sacroiliac joint bilaterally and right trochanteric bursa, and positive Faber on right. Sensation was intact to light

touch in the extremities. The treatment plan included Gabapentin 600mg #90 wit 4 refills, non-certified by Utilization Review on 9-09-2015. The use of Gabapentin 600mg three times daily was noted since at least 4-07-2015, at which time pain was rated 5 out of 10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Gabapentin 600mg #90 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: With regard to anti-epilepsy drugs, the MTUS CPMTG states "Fibromyalgia: Gabapentin and pregabalin have been found to be safe and efficacious to treat pain and other symptoms. (Arnold, 2007) (Crofford, 2005) Pregabalin is FDA approved for fibromyalgia." Per MTUS CPMTG, "Gabapentin (Neurontin) has been shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Per MTUS CPMTG p17, "After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects." With regard to medication history, the medical records indicate that the injured worker has been using this medication since at least 12/2014. The documentation submitted for review did not contain evidence of improvement in function. As such, medical necessity cannot be affirmed. Furthermore, the request for 5-month supply is not appropriate as it does not allow for periodic reassessment.