MAXIMUS Federal Services

Case Number:	CM15-0067109		
Date Assigned:	04/14/2015	Date of Injury:	08/27/2013
Decision Date:	05/13/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/08/2015

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
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 was a 47-year-old male, who sustained an industrial injury, August 27, 2013. The injured worker received the following treatments in the past thoracic spine MRI, cervical spine MRI and cervical spine x-rays. The injured worker was diagnosed with cervical spondylosis, cervical stenosis at C5-6 and C6-7, myelopathy and two level cervical decompression corpectomy with fusion. According to progress note of March 24, 2015, the injured workers chief complaint was recurrent cervical pain and numbness and tingling into the arms. The injured worker was having muscle cramping and spasms in the arms and legs. The injured worker gait became stiff and clumsy; turning the head would cause the injured worker to bump into doorways. Because of worsening symptoms the injured worker was unable to work. The physical exam noted tenderness in the posterior cervical musculature without spasms. There was decrease sensation to pinprick along the left anterior thigh left calf and left dorsal foot. There was numbness of the left lower extremity consistent with cord or impingement lower down. The treatment plan included a thoracic MRI, Medrol dose pack and Neurontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 thoracic spine MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines -Neck and Upper Back, page 167.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: The ACOEM chapter on neck and upper back complaints and special diagnostic studies states: Criteria for ordering imaging studies are: Emergence of a red flag. Physiologic evidence of tissue insult or neurologic dysfunction. Failure to progress in a strengthening program intended to avoid surgery. Clarification of the anatomy prior to an invasive procedure. The provided progress notes fails to show any documentation of indications for imaging studies of the neck/ upper back as outlined above per the ACOEM. There was no emergence of red flag. The physical exam noted no evidence of new tissue insult or neurologic dysfunction. There is no planned invasive procedure. Therefore, criteria have not been met for a MRI of the neck and the request is not certified.

1 trial of a Medrol dosepak: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines -Neck and Upper Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation physician desk reference, medrol dose pack.

Decision rationale: The ACOEM, ODG and the California MTUS do not specifically address the requested service. The physician desk reference states the requested medication is used for inflammatory conditions. The patient has a diagnosis consistent with inflammatory pathology and thus the medication is indicated and medically necessary.

1 prescription of Neurontin: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines neurontin Page(s): 18.

Decision rationale: The California chronic pain medical treatment guidelines section on Neurontin states: 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. (Backonja, 2002) (ICSI, 2007) (Knotkova, 2007) (Eisenberg, 2007) (Attal, 2006) This RCT concluded that gabapentin monotherapy appears to be efficacious for the treatment of pain and sleep interference associated with diabetic peripheral neuropathy and exhibits positive effects on mood and quality of life.

(Backonja, 1998) It has been given FDA approval for treatment of post-herpetic neuralgia. The number needed to treat (NNT) for overall neuropathic pain is 4. It has a more favorable side-effect profile than Carbamazepine, with a number needed to harm of 2.5. (Wiffen2-Cochrane, 2005) (Zaremba, 2006) Gabapentin in combination with morphine has been studied for treatment of diabetic neuropathy and post-therpetic neuralgia. When used in combination the maximum tolerated dosage of both drugs was lower than when each was used as a single agent and better analgesia occurred at lower doses of each. (Gilron-NEJM, 2005) Recommendations involving combination therapy require further study. The patient has the diagnosis of neuropathic pain in the form of radiculopathy. Therefore, the request is necessary and approved.