

Case Number:	CM15-0096809		
Date Assigned:	05/27/2015	Date of Injury:	09/10/2009
Decision Date:	07/21/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/19/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 56 year old male, who sustained an industrial injury on 9/10/2009. The current diagnoses are degenerative disc disease of the lumbar spine, thoracic/lumbosacral neuritis/radiculitis, and lumbago. According to the progress report dated 4/21/2015, the injured worker complains of chronic, severe low back pain with radiation down his bilateral lower extremities. Since his last visit, he reports worsening low back and bilateral lower extremity pain associated with spasms, numbness, tingling, and weakness. The level of pain is not rated. The physical examination of the lumbar spine reveals diffuse tenderness to palpation over the paraspinal muscles, restricted range of motion, generalized weakness of the bilateral lower extremities, diminished sensation bilaterally, and positive bilateral straight leg raise test. The current medications are Norco, Gabapentin, and Prilosec. Treatment to date has included medication management, MRI studies, physical therapy, moist heat, home exercise program, chiropractic (beneficial), and injections. An updated MRI from 4/17/2015 shows L4-5 disc protrusion, L5 nerve root compression (left greater than right), multilevel degenerative disc disease, facet osteoarthritis at L4-S1, and moderate lateral recess stenosis. The plan of care includes prescription for Gabapentin and MRI of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg, 1-2 tabs every evening as needed, #60 with 3 refills, prescribed
04/21/15: Upheld

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

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

Decision rationale: The MTUS states that gabapentin is an anti-epilepsy drug which 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. An adequate trial period for gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. With each office visit the patient should be asked if there has been a change in the patient's pain symptoms, with the recommended change being at least 30%. There is no documentation of any functional improvement. Gabapentin 600mg #60 with 3 refills is not medically necessary.

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), MRI's (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: Patient underwent an MRI of the lumbar spine on 5/05/2014 and again on 04/17/2015. The most recent MRI was positive for L4-5 disc protrusion, L5 nerve root compression (left greater than right), multilevel degenerative disc disease, facet osteoarthritis at L4-S1, and moderate lateral recess stenosis. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The medical record fails to document sufficient findings indicative of the above diagnostic criteria which would warrant a repeat MRI of the lumbar spine. MRI of the lumbar spine is not medically necessary.