

<b>Case Number:</b>	CM13-0004248		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	03/18/2009
<b>Decision Date:</b>	01/21/2014	<b>UR Denial Date:</b>	07/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery 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 physician 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:

The claimant is a 63-year-old gentleman injured in work related accident on 03/18/09 sustaining a work related injury. Clinical records for review include a 07/23/12 electrodiagnostic study report showing evidence of chronic bilateral L5-S1 polyradiculopathy. The claimant's most recent clinical assessment was from October 3, 2013 with [REDACTED] for interval complaints of continued low back pain, mechanical in nature stating recent course of care included trunk stabilization program and therapy and a strengthening program. Therapy was recommended status post a recent lumbar hardware removal. His physical examination shows a healed incision, tenderness across the lumbar spine, "still some radicular pain to the left lower extremity" with "patchy right ankle numbness". His diagnosis was status post lumbar fusion with postoperative hardware removal. Recommendations were for continuation of physical therapy two times a week for six weeks. The claimant's surgical history indicates that the hardware removal took place at the L4-5 and L5-S1 levels on 02/22/13 by [REDACTED]. At present, there is a request for continuation of physical therapy for 12 sessions as well as medications in the form of Ultracet, Neurontin and Genocin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times a week for 6 weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** Based on California MTUS Postsurgical Rehabilitation Guidelines, physical therapy following fusion procedure states up to "16 weeks" with postsurgical medicine treatment of "6 months". At present, the claimant is still with some residual pain, but does not lack function. He is noted to be ten months following time of surgical intervention. The acute need of continued physical therapy for rehabilitation from the surgical hardware request would not be indicated at present. It has not been indicated why continued advancement of an aggressive home exercise and core strengthening program, which was noted at last visit of October 2013 would not be appropriate.

**Ultracet 3.75/325mg # 180:** 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 Section Chronic pain Page(s): 76-80.

**Decision rationale:** Based on California MTUS Chronic Pain Guidelines, continued use of Ultracet would appear to be medically necessary. The claimant's pain appears to be well controlled at recent assessment with diagnosis of two prior lumbar procedures, one a fusion and the second hardware removal with residual symptoms including radicular pain complaints and positive physical exam findings. The continued role of opioid management in this case for symptomatic control would appear to be medically necessary.

**Neurontin 600mg # 90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain Page(s): 18.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Gabapentin (Neurontin®<sup>®</sup>, Gabarone<sup>®</sup>ç, generic available).

**Decision rationale:** Based on California MTUS Chronic Pain Guidelines, continued use of Gabapentin (Neurontin) would also appear to be medically necessary. Gabapentin "has been shown to be effective for treatment of diabetic painful neuropathy, posttraumatic neuralgia, and a first line treatment for neuropathic pain". The claimant's recent physical examination and clinical history give a diagnosis of neuropathic pain with residual findings to the lower extremities. A continued role of this neuropathic agent would appear to be medically necessary.

**Genocin 500mg # 90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/international/genocin.html>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)--Official Disability Guidelines Treatment in Worker's Comp , 18th Edition, 2013 Updates: infectious procedure.

**Decision rationale:** Use of Genocin is not supported. California MTUS Guidelines are silent. When looking at Official Disability Guidelines, the role of aminoglycosides in this case "Genocin" is typically indicated for gram-negative bacilli treatment of an infectious process. The claimant's clinical records fail to give a current diagnosis of active infection for which continued use of this oral antibiotic would be indicated. Specific request for this agent cannot be given.