

<b>Case Number:</b>	CM13-0024358		
<b>Date Assigned:</b>	03/17/2014	<b>Date of Injury:</b>	11/08/2002
<b>Decision Date:</b>	06/13/2014	<b>UR Denial Date:</b>	08/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

According to report dated 07/25/2013 by [REDACTED], the patient presents with complaints of pressure and sprain in the posterior neck, upper back, and low back with associated pain radiation to the right upper extremity and right lower extremity. She reports triggering of the 3rd finger on the left. She states she is experiencing bouts of depression. The patient says neck and low back pain interrupts sleep. She also complains of depression and anxiety. The treater would like to continue with conservative treatment consisting of medication, injections, and acupuncture. The patient's medication includes Neurontin 300 mg, Gaviscon, and Wellbutrin. Utilization review is dated 08/29/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NEURONTIN #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Section Page(s): 18-19.

**Decision rationale:** This patient presents with chronic neck, low back, and shoulder pain. The treater is requesting Neurontin 300 mg every 8 hours for neuropathy. The MTUS Guidelines page 18 and 19 has the following regarding Gabapentin, "Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and post-therapeutic neuralgia and has been considered a first-line treatment for neuropathic pain." In this case, medical records document patient's radiating pain into the right upper and lower extremities. This medication may be indicated for patients continued neuropathic pain. But the treater does not discuss this medication's efficacy in any of the reports from 01/23/2013 to 07/25/2013. One cannot tell what this medication is doing for the patient's pain. MTUS page 60 require documentation of medication efficacy when used for chronic pain. The request is not medically necessary or appropriate.

**GAVISCON:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OTHER MEDICAL TREATMENT GUIDELINE OR MEDICAL EVIDENCE: WWW.DRUGS.COM.

**Decision rationale:** This patient presents with neck, back, and shoulder complaints. The treater is requesting Gaviscon after meals for gastric symptoms. MTUS, ACOEM and ODG do not specifically address the use of Gaviscon. Gaviscon is an anti acid supplement and can be used to treat GERD. Records show patient is concurrently taking omeprazole for "GI problems." Gaviscon is a non-prescription medication and can be obtained over the counter. The treater does not explain why both agents are required and there is no documentation of how the patient is doing with GERD. The request is not medically necessary or appropriate.

**WELLBUTRIN SR 100MG.:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Section Page(s): 13-15.

**Decision rationale:** The MTUS on Antidepressants pg. 13-15 states "while Bupropion has shown some efficacy in neuropathic pain there is no evidence of efficacy in patients with non-neuropathic chronic low back pain. This patient meets the indication for this medication as medical records document neuropathic pain and depression. The request is medically necessary and appropriate.

**INFRARED TO THE NECK, UPPER BACK, AND LOWER BACK:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Stimulation Section Page(s): 118-120.

**Decision rationale:** The MTUS Guidelines page 118 to 120 states interferential current stimulation is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments including return to work, exercise, and medications, and limited evidence of improvement on those recommended treatments alone. The randomized trials that have evaluated the effectiveness of this treatment have included the studies for back pain, jaw pain, soft tissue shoulder pain, cervical pain, and post-operative knee pain. If MTUS criteria have been met a one-month trial may be appropriate. There should be evidence of increased functional improvement, less reported pain and evidence of medication reduction. In this case, the patient has been utilizing this unit since at least 03/20/2013. Subsequent reports do not provide any discussion on functional improvement, reduced pain or medication from using the IF unit. The request is not medically necessary or appropriate.