MAXIMUS Federal Services

| Case Number: | CM13-0033435 | | |
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| Date Assigned: | 12/06/2013 | Date of Injury: | 03/05/2004 |
| Decision Date: | 02/07/2014 | UR Denial Date: | 09/30/2013 |
| Priority: | Standard | Application Received: | 10/09/2013 |

## 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 Occupational Medicine 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 applicant is a represented [redacted] employee, who has filed a claim for chronic low back pain, myofascial pain, depression, and insomnia reportedly associated with an industrial injury of March 5, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medication; topical agents; unspecified amounts of chiropractic manipulative therapy, transfer of care to and from various providers in various specialties; and extensive periods of time off of work. In a Utilization Review Report of September 30, 2013, the claims administrator certified a urine-drug screen, denied chiropractic manipulative therapy, denied a gym membership, denied Sintralyne, certified Neurontin, and denied a nutritional consultation. The applicant's attorney later appealed. In a clinical progress note of August 19, 2013, the applicant presents with persistent low back pain. He has had three recent sessions of manipulation. Elavil makes him tired. He reports 6/10 pain with medications and 8/10 pain without medications. He is on Neurontin, medical marijuana, Norco, Dilaudid, and Elavil. The applicant is described as having a BMI of 38 based on the weight of 274 pounds and a height of 5 feet 11 inches. Additional medications are refilled. A gym membership and weight loss are endorsed while the applicant remains off of work, on total temporary disability.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**8 chiropractic manipulation sessions:** Upheld

**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 Page(s): 59.

**Decision rationale:** The applicant has had prior unspecified amounts of chiropractic manipulative therapy over the life of the claim. While the Page 59 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse a general course of up to 18 to 24 sessions of treatment for those applicants who successfully achieve or maintain return to work following introduction of manipulative therapy, in this case, however, the applicant has not returned to work. He remains off of work, on total temporary disability, several years removed from the date of injury. It is further noted that page 58 of the MTUS Chronic Pain Medical Treatment Guidelines supports one to two sessions of manipulation every four to six months in the events of flare-ups for those applicants who successfully return to work. In this case, as noted previously, the applicant has failed to return to work. Continuing manipulation in this context is not recommended. Therefore, the request is not certified.

**1 gym membership with pool:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 22.

**Decision rationale:** As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 5, maintaining and adhering to exercise regimens is considered a matter of applicant responsibility as opposed to a matter of medical necessity. In this case, it is further noted that there is no evidence that the applicant is immobile, has any marked gait derangement, and/or is unable to participate in land-based therapy or land-based home exercises, effectively obviating the need for a pool, as suggested on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not certified.

**Sintralyne PM:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Medical food

**Decision rationale:** The MTUS did not address the topic of medical foods. As noted in the ODG Chronic Pain Chapter Medical Food topic, medical foods are recommended as medically necessary only when there is evidence that an applicant carries a diagnosis that has a specific

nutritive requirement. In this case, however, there is no evidence that the applicant's chronic pain syndrome has any specific nutritive requirement. Therefore, the request is not certified.

**Gabapentin 500 mg, #60:** Upheld

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

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

**Decision rationale:** As noted on Page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, the recommended trial period for gabapentin is three to eight weeks for titration purposes and then one to two weeks at maximum tolerated dose. In this case, however, the applicant has used gabapentin chronically, for what appears now to be several years. There is no clear evidence of functional improvement as defined by the parameters established in MTUS 9792.20f, which would justify continuation of gabapentin. The applicant has failed to return to work. There is no evidence of diminished work restrictions or improved performance of activities of daily living. There is no evidence that the applicant has experienced any reduction in physical impairment, as a result of ongoing gabapentin usage. It is further noted that the applicant is reporting sedation with medications. This could represent a function of gabapentin usage or usage of gabapentin in combination with Elavil. Finally, the reduction in pain scores from 9/10 to 7/10 reportedly achieved with medications appears negligible or marginal and is outweighed by many other factors, including the reported side effects as well as the applicant's failure to return to any form of work despite ongoing usage of gabapentin. Therefore, the request is not certified.

**1 nutritional consultation:** 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 Page(s): 1.

**Decision rationale:** As noted on Page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints despite initiation of appropriate conservative management should lead an attending provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. In this case, the applicant apparently has continued to gain weight over the life of the claim. He now has a BMI in the 38 range. As suggested by the attending provider, his weight could in fact be adversely impacting his low back pain. Obtaining the added expertise of a nutritionist might help the applicant to try and successfully lose weight. Therefore, the request is certified.