

Case Number:	CM13-0039337		
Date Assigned:	12/18/2013	Date of Injury:	05/25/2012
Decision Date:	04/04/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/04/2013

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 Internal Medicine, and is licensed to practice in Florida. 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:

This patient is a 40 year-old with a date of injury of 05/25/12. The mechanism of injury was an industrial injury when she slipped and fell on a wet surface. The most recent progress report dated 08/28/13 identified subjective complaints of pain in her left knee and left arm, as well as general left sided body pain. Objective findings included good range of motion in the lumbar and cervical spines. Patrick's test was positive on the left. Tenderness to palpation was noted over the trochanteric bursa on the left. Tenderness to palpation also was noted over the radial and posterior aspects of the left knee. Valgus maneuver resulted in tenderness. The patient was neurologically intact. MRI of the lumbar spine demonstrated only minimal degenerative disk disease comprising of 1 mm of bulging at the L4-5 level extending to 2 mm bulging upon extension. No central canal stenosis was noted. An EMG/nerve conduction study did not find any evidence of lumbar radiculopathy or peripheral nerve compression/injury. The MRI of the left knee demonstrated no ligamentous damage of bony abnormalities. The AP, lateral, and frog leg x-rays recently ordered on 08/28/13 to rule out instability of the left hip and/or fractures is not available. Diagnoses indicate that the patient has "left knee sprain, trochanteric bursitis on the left, rule out primary hip pathology, and rashless pruritus of the upper extremities and shins bilaterally". There is no diagnosis of neuropathic pain. Past treatment has included NSAIDs, acetaminophen with codeine, a Tens unit, exercise program, acupuncture, and chiropractic therapy. She has also received physical therapy, a knee brace, trigger point injections, solaris cold laser, and electric muscle stimulation. Despite previous therapy, she continues to have 8/10 pain. However, the record indicates that she can perform the activities of daily living. She does require some assistance with home duties. She no longer participates in her hobbies and has lost social function. She no longer works at her previous occupation as a strawberry picker. There is no indication that there has been any functional improvement related to previous therapies

including those mentioned above. Treatment now recommended is Gabapentin, specifically for sleep, and an evaluation for a pain rehabilitation program. A Utilization Review determination was rendered on 09/24/13 recommending non-certification of "1 Decision for Gabapentin 300mg #30", and "Referral to Help for Eval #1."

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs Page(s): 16-21, 49.

Decision rationale: Gabapentin (Neurontin) is an anti-seizure agent. The MTUS Chronic Pain Guidelines note that this class of agents is recommended for neuropathic pain, but there are few randomized trials directed at central pain and none for painful radiculopathy. Further, MTUS Chronic Pain Guidelines state, "A recent review has indicated that there is insufficient evidence to recommend for or against antiepileptic drugs for axial low back pain." The Guidelines also state that the role of Gabapentin is for: "...treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered first-line treatment for neuropathic pain." No recommendations are made for specific musculoskeletal etiologies. In this case, there is no documentation of neuropathic pain and the request for Gabapentin is not for a recommended indication (sleep). Therefore, the request is not medically necessary and appropriate.

Referral to Help for eval #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-33, 49.

Decision rationale: The MTUS Chronic Pain Guidelines state that there is strong evidence that intensive multidisciplinary rehabilitation with functional restoration reduces pain and improves function of patients with low back pain. The program is considered medically necessary by the MTUS Chronic Pain Guidelines when all of the following criteria are met, "(1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement (3) The patient has a significant loss of ability to function independently resulting from the chronic pain (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided

(5)The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect his change; & (6)Negative predictors of success above have been addressed." In this case, the claimant does not meet those criteria. Pain alone does not necessarily represent functional impairment. Baseline functional testing (outside of the physical exam findings) has not been established. Likewise, there has been no functional improvement with multiple previous treatment modalities. Last, there is no documentation of surgical options, any negative predictors of success, or motivation for change. Therefore, the request is not medically necessary and appropriate.