

Case Number:	CM13-0045384		
Date Assigned:	12/27/2013	Date of Injury:	05/06/2009
Decision Date:	02/27/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/12/2013

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 reportedly associated with an industrial injury of May 6, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; attorney representation; transfer of care to and from various providers in various specialties; and the apparent imposition of permanent work restrictions. It does not appear that the applicant has returned to work with said limitations in place. In a utilization review report of October 23, 2013, the claims administrator approved a request for a urine drug testing, denied a request for Neurontin, denied a request for topical compound, and denied a request for aquatic therapy. The claims administrator apparently denied the request for Neurontin on the grounds that the applicant did not have evidence of neuropathic pain for which usage of Neurontin was indicated. The applicant subsequently appealed. In a clinical progress note seemingly dated October 8, 2013, the attending provider writes that the applicant has neck pain which shoots down the arm and reports 40% pain relief as a result of ongoing Neurontin usage. It is stated that the applicant has severe foot and ankle pain that are preventing him from participating in land-based therapy. For that reason, 12 sessions of aquatic therapy are sought. The applicant is given a knee brace, it is further noted. Cognitive behavioral therapy is also sought. The applicant states that usage of medications is helping him to get out of bed, care for himself, perform small tasks around the home, and perform other instrumental activities of daily living. Cognitive behavioral therapy is also sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 600 mg, #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin®) Page(s): 49.

Decision rationale: As noted on page 49 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin or Neurontin is deemed a first-line treatment for neuropathic pain. In this case, the attending provider has posited that the applicant has derived appropriate analgesia and improved performance of activities of daily living as a result of ongoing Neurontin usage. Continuing the same, on balance, is therefore indicated. It is further noted that, contrary to what was suggested by the claims administrator, that the applicant does in fact have seeming complaints of neuropathic pain and that, moreover, page 3 of the MTUS Chronic Pain Medical Treatment Guidelines suggest that many chronic pain cases could have a neuropathic etiology either central or peripheral. For all of these reasons then, on balance, continuing Neurontin is indicated and appropriate. The request is certified, on independent medical review.

Ketoflex ointment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non FDA-approved agents: Ketoprofen, Other muscle relaxants, and Topical Analgesics Page(s): 111.

Decision rationale: As noted on pages 112 and 113 of the MTUS Chronic Pain Medical Treatment Guidelines, neither of the ingredients in the compound, specifically Ketoprofen or Flexeril, are endorsed for topical application purposes. Since two ingredients in the compound carry unfavorable recommendations here, the entire compound is considered not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Accordingly, the request is likewise not certified, on independent medical review.

12 sessions of aquatic therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy and Physical Medicine Guidelines Page(s): 22 and 99.

Decision rationale: As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is specifically recommended as an optional form of exercise therapy

in those individuals in who reduced weight bearing is desirable, as for instance, those applicants with extreme obesity. In this case, there is some suggestion or insinuation that the applicant is having difficulty weight bearing owing to comorbid ankle and knee issues. However, page 22 of the MTUS Chronic Pain Medical Treatment Guidelines likewise suggest that recommendations on the number of supervised visits should be governed by the MTUS physical medicine topic, which endorses a general course of 9 to 10 sessions of treatment for myalgia and/or myositis of various body parts. Thus, the 12-session course of treatment being sought here does represent treatment in excess of the guideline. The attending provider has not furnished any compelling rationale or narrative alongside the request for authorization so as to try and offset the guideline recommendation. Therefore, the request is wholly not certified, as partial certifications are not permissible through the IMR process.