

Case Number:	CM13-0066236		
Date Assigned:	01/03/2014	Date of Injury:	10/14/2011
Decision Date:	06/04/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/17/2013

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 Anesthesiology, 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:

The patient is an employee of the [REDACTED] and has submitted a claim for low back and right hand pain associated with an industrial injury date of October 14, 2011. Treatment to date has included acupuncture x12 with no specifics concerning functional improvement, physical therapy, chiropractic sessions, TENS unit, hot/cold packs, and medications. A utilization review from November 21, 2013 denied requests for Neurontin 600mg #90 prescribed initially on November 2013, Flexeril 7.5 mg #60 prescribed since December 2012, Back Brace, 12 Acupuncture, Tramadol 150mg#30 prescribed since September 2013, and Hot/Cold Wrap with Gel. Medical records from 2012 to 2013 were reviewed showing that the patient complained of low back and right hand pain. The pain is interfering with the patient's day-to-day tasks. Physical exam demonstrated limited range of motion for the back and right wrist due to pain and stiffness. There were no neurologic deficits demonstrated in the November 2013 note. Electrodiagnostic results from May 16, 2013 showed normal results. An MRI from May 1, 2013 did not show any nerve root involvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

NEURONTIN 600MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-17.

Decision rationale: As stated on pages 16-17 in the MTUS Chronic Pain Guidelines, Gabapentin is useful for treating neuropathic pain. In this case, this was the first time Neurontin was being prescribed but there were no focal neurologic deficits or abnormal sensation exhibited in the physical exam. Diagnostic testing did not reveal any nerve involvement. Therefore, the request is not medically necessary and appropriate.

FLEXERIL 7.5MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

Decision rationale: As stated in page 63 of the MTUS Chronic Pain Guidelines, muscle relaxants are used as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. In this case, the patient has been using Flexeril since December 2012. Specific functional gains attributed to the use of Flexeril were not documented. It is also unclear whether the patient had a recent exacerbation of back pain. Therefore, the request for Flexeril 7.5 mg#60 is not medically necessary and appropriate.

DME BACK BRACE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: ACOEM Guidelines indicate back braces have not been shown to have any lasting benefit beyond the acute face of symptom relief and are indicated for management of compression fractures and instability. In this case, the patient is not documented to have an acute exacerbation of low back pain nor is there evidence of a compression fracture or instability. Therefore, the request for a back brace is not medically necessary.

ACUPUNCTURE QTY 12: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: As stated in the MTUS Acupuncture Guidelines, treatments may be extended if functional improvement is documented. In this case, the patient had 6 prior sessions

of acupuncture certified in May 2013. The acupuncture treatment was noted to help with no documentation of exact functional improvement such as improved activities of daily living or reduction in pain scores. Therefore, the request for 12 acupuncture visits is not medically necessary and appropriate.

TRAMADOL 150MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

Decision rationale: As stated on pages 78 in the MTUS Chronic Pain Guidelines, continued opioid use should have ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Tramadol has been prescribed since September 2013 but documentation concerning the four domains of continued opioid use was not in the subsequent progress notes. There were no discussions of treatment efficacy since its prescription. Therefore, the request for Tramadol 150mg# 30 is not medically necessary.

HOT/COLD WRAP WITH GEL: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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

Decision rationale: The ODG states that cold/hot packs are recommended as an option for acute pain. In this case, the patient has low back pain; however, there is no indication that the patient is suffering an acute exacerbation. The request for a gel is nonspecific and cannot be assessed secondary to vagueness. Therefore, the request for a Hot/Cold Wrap with Gel is not medically necessary and appropriate.