

<b>Case Number:</b>	CM13-0070149		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	12/09/2011
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	12/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2013

### 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 Internal 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 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 injured worker is a 48 year old male who sustained an injury on 12/09/11 while attempting to arrest a suspect. The injured worker developed complaints of low back pain that radiated to the left lower extremity after several days. Initial treatment included the use of physical therapy. With physical therapy, the injured worker improved and was released to modified duty in June of 2012. Previous electrodiagnostic studies did note evidence of a left S1 radiculopathy. Ultimately, the injured worker underwent an anterior lumbar interbody fusion on 06/20/13 which did improve the injured worker's left lower extremity symptoms. Following surgery, the injured worker did report a progressive right lower extremity pain. The injured worker had been followed by [REDACTED] for pain management. On 11/11/13, the injured worker reported complaints of pain 6/10 on the VAS in the lower extremities, right side worse than left. Medications at this visit did include Neurontin taken twice daily. Physical examination noted tenderness to palpation in the lumbar spine with restricted range of motion. There was trace weakness in the bilateral ankle dorsa flexors and plantar flexors. A positive straight leg raise was noted to the right. The injured worker was recommended to continue with further physical therapy. The injured worker was started on antiinflammatories to include Naprosyn as well as Flexeril. The injured worker was also recommended for a TENS unit as well as a trial of Medrox patches. Follow up on 12/13/13 noted no change in the injured worker's physical examination findings. No clear improvement was reported at this evaluation. The injured worker did continue with physical therapy through December of 2013. The requested Neurontin 300mg, quantity 90, Medrox topical patches, quantity 4, and a TENS unit were all denied by utilization review on 12/19/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NEURONTIN 300MG - #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, 8 , 67

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptics Page(s): 13-16.

**Decision rationale:** In regards to the requested Neurontin 300mg, quantity 90, the previous utilization review report did modify the request for a quantity of 60. This was due to the frequency of use which was twice daily only. Based on the injured worker's rate of consumption of Neurontin, a quantity of 60 would have been medically appropriate. This would have continued to address the injured worker's neuropathic symptoms. The clinical documentation provided for review did not indicate that a quantity of 90 was medically necessary.

**MEDROX TOPICAL PATCH BOXES #4:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, 8 , 41-42

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** Medrox patches contain Capzasin and Menthol as well as Methyl Salicylate. Per guidelines, topical analgesics such as a Medrox topical pain patch are considered largely experimental and investigational. The clinical literature shows minimal evidence indicating that the use of topical analgesics for chronic pain is any more beneficial than oral medications including over the counter medications. In this case, there is no indication that the injured worker has failed a reasonable course of conservative treatment to include oral medications for neuropathic pain such as antidepressants or anticonvulsants. Without any indication of a failure of all reasonable conservative efforts to address neuropathic pain, the request would not be considered medically necessary.

**TRANSCUTANEOUS ELECTROTHERAPY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, 8 , 113-116

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 113-117.

**Decision rationale:** In regards to the request for a TENS unit purchase, there is no indication that the injured worker obtained any substantial functional benefit from the use of this type of therapy. Per guidelines, there should be evidence of functional improvement, pain reduction, and medication reduction during a TENS unit trial to warrant purchasing this durable medical equipment. As this was not indicated in the clinical records, the request is not medically necessary.