

<b>Case Number:</b>	CM14-0007367		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	08/02/2005
<b>Decision Date:</b>	07/11/2014	<b>UR Denial Date:</b>	12/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2014

### 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 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 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 a 53-year-old female who has filed a claim for lumbar degenerative disc disease associated with an industrial injury date of August 02, 2005. Review of progress notes indicates worsening back pain radiating into the right lower extremity. Findings include presence of spasms and tenderness in the lumbar region, pain limited range of motion, positive straight leg raise test on the right, presence of trigger points on the right side, and an antalgic gait. Treatment to date has included opioids, gabapentin, Soma, Lidoderm patch, physical therapy. Of note, patient had low back surgery in 1979. Utilization review from December 23, 2013 denied the requests for 24 chiropractic sessions over the next year; trigger point injections to the right PSIS and lumbar spine - one to two sessions every 3 months; and Lidoderm 5% patches #90 with 4 refills. There is modified certification for Neurontin 300mg #30 for one refill only.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **24 CHIROPRACTIC SESSIONS OVER THE NEXT YEAR: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy And Manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines state that the goal of manual therapy is to achieve positive symptomatic or objective measurable functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. For the low back, trial of 6 visits is recommended, and with evidence of objective functional improvement, a total of up to 18 visits are supported. In addition, elective/maintenance care is not medically necessary. Patient has had six previous chiropractic sessions. Progress note indicates that these sessions allowed the patient to get by without medications; and improved sleep, stamina, and energy level. However, the requested quantity exceeds guideline recommendations. Also, the body part to be treated was not specified. Therefore, the request for 24 chiropractic sessions over the next year is not medically necessary.

**TRIGGER POINT INJECTIONS TO THE RIGHT POSTERIOR SUPERIOR ILIAC SPINE (PSIS) AND LUMBAR SPINE 1-2 SESSIONS EVERY 3 MONTHS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines criteria for trigger point injections include chronic low back or neck pain with myofascial pain syndrome. There should be circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms for more than three months; failure of medical management therapies; absence of radiculopathy; and no more than 3-4 injections per session. Additionally, repeat injections are not recommended unless greater than 50% pain relief has been obtained for six weeks following previous injections, including functional improvement. In this case, the patient reports good relief from trigger point injections, but there is no documentation regarding the amount and duration of benefit. Also, the patient presents with findings consistent with lumbar radiculopathy. The requested total quantity is not specified. Therefore, the request for trigger point injections to the right PSIS and lumbar spine - one to two sessions every 3 months are not medically necessary.

**NEURONTIN 300MG #30 X4 REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-18.

**Decision rationale:** As stated on pages 16-18 in the Chronic Pain Medical Treatment Guidelines, gabapentin is useful for treating diabetic painful neuropathy and postherpetic neuralgia, and is considered first-line for neuropathic pain. Patient has been on this medication since at least January 2013. Patient reports decreased pain with medications, from 7/10 to 3/10, with increased ability to perform activities of daily living. However, there is no rationale as to

the necessity of additional 4 refills; documentation of continued benefits is necessary to support these additional refills. Therefore, the request for Neurontin 300mg #30 x 4 refills is not medically necessary.

**LIDODERM PATCH 5% #90 X4 REFILLS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57.

**Decision rationale:** As stated on pages 56-57 in the Chronic Pain Medical Treatment Guidelines, Lidoderm may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI anti-depressants, or an AED such as gabapentin or Lyrica). Patient has been on this medication since at least January 2013. Patient reports decreased pain with medications, from 8/10 to 3/10, with increased ability to perform activities of daily living. Patient is currently on Neurontin 300mg. Patient was not able to tolerate generic gabapentin and Lyrica. However, there is no rationale as to the necessity of additional 4 refills; documentation of continued benefits is necessary to support these additional refills. Therefore, the request for Lidoderm patches 5% #90 times 4 refills is not medically necessary.