

Case Number:	CM14-0015740		
Date Assigned:	03/03/2014	Date of Injury:	09/23/2013
Decision Date:	06/30/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/07/2014

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 applicant has filed a claim for low back pain reportedly associated with an industrial injury of September 23, 2013. Thus far, the applicant has been treated with the following: analgesic medications; attorney representation; adjuvant medications; and unspecified amounts of physical therapy. In a Utilization Review Report dated February 4, 2014, the claims administrator noted that the applicant was apparently status post lumbar fusion surgery, although it was not clear whether this had transpired through the above-captioned Workers' Compensation Claim or through some other means. Six sessions of acupuncture were partially certified. Neurontin was denied outright on the grounds that the applicant did not in fact have radicular pain for which gabapentin or Neurontin would be indicated. It is incidentally noted that the claims administrator cited outdated, mislabeled 2007 MTUS Acupuncture Guidelines which it erroneously labeled as originating from the MTUS. The applicant's attorney subsequently appealed. A January 16, 2014 progress note is notable for comments that the applicant apparently sustained fractures of the sternum and wrist in a motor vehicle accident in September 23, 2013. The applicant exhibited painful range of motion about the shoulder. The applicant's work status was not provided. The applicant was reportedly using Flexeril, Vicodin, Neurontin, Vaseretic, Protonix, Elavil, and glucosamine. The applicant did have a history of hypertension and headaches, it was stated. On January 15, 2014, it was stated that the applicant was not working and was unlikely to return to work in the near future. The applicant did apparently have complaints of low back pain radiating to the legs with some hyposensorium and diminished strength noted about the same. The applicant was placed off of work, on total temporary disability. Gabapentin was endorsed, along with a 12-session course of acupuncture. It was not clearly stated whether or if gabapentin was a first-time prescription or a renewal prescription.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12) SESSIONS OF ACUPUNCTURE FOR THE LUMBAR SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: As noted in MTUS Acupuncture Medical Treatment Guidelines, the time deemed necessary to produce functional improvement following introduction of acupuncture is three to six treatments. Thus, the 12-session course of acupuncture proposed by the attending provider represents treatment in an overall amount two to four times that endorsed in the MTUS. No rationale for treatment this far in excess to MTUS parameters was provided. Therefore, the request is not medically necessary.

GABAPENTIN 300MG #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-epilepsy drugs Page(s): 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin topic. Page(s): 3, 49.

Decision rationale: As noted in the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin or Neurontin is considered a first-line agent for neuropathic pain. In this case, the applicant does in fact have ongoing issues with neuropathic pain. The applicant apparently reported complaints of low back pain radiating to legs and had associated dysesthesias about the legs on the date gabapentin was prescribed, January 15, 2014. The request in question seemingly represented a first-time request for gabapentin. Contrary to what was suggested by the claims administrator, the applicant does seemingly have radicular (neuropathic) pain for which a trial of gabapentin is indicated. It is further noted that the MTUS seemingly suggests that all chronic pain conditions have some central or neuropathic component. Therefore, the request is medically necessary, for all of the stated reasons.