

Case Number:	CM14-0016215		
Date Assigned:	04/14/2014	Date of Injury:	11/30/2012
Decision Date:	05/28/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/10/2014

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 filed a claim for left shoulder impingement and lumbar disk herniation associated with an industrial injury date of November 30, 2012. Utilization review from January 30, 2014 denied the requests for gabapentin, tramadol, Apptrim, and acupuncture. Reasons for denial were not made available. Treatment to date has included oral pain medications, epidural steroid injection L5-S1, and physical therapy. Medical records from 2013 through 2014 were reviewed showing the patient complaining of left shoulder pain and low back pain. The pain in the left shoulder is rated at 7/10. The low back pain with radiation to the lower extremities is rated at 9/10. There is also associated headaches and aching neck pain. On examination, there was tenderness over the sternoclavicular joint, anterior capsule, and AC joint. Instability was not present in the left shoulder. Range of motion for the left shoulder was decreased. Motor strength for the upper extremity was normal. Sensation was also normal as well as reflexes. The lumbar spine was noted to have tenderness over the paralumbar musculature. There is noted spasms of the paraspinal muscles. Range of motion of the lumbar spine was limited due to pain. Straight leg raising produced pain in the lower back.

IMR ISSUES, DECISIONS AND RATIONALES

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

REQUEST FOR GABAPENTIN 600 MG #90: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As stated on page 16-22 of the California MTUS Chronic Pain Medical Treatment Guidelines, anti-epilepsy drugs are recommended for neuropathic pain. Outcomes with at least 50% reduction of pain are considered good responses while those with 30% reduction may consider another or additional agent. In this case, the patient has been prescribed Gabapentin as early as August 2013. The medical records shows this patient actually has ongoing radiculopathy and notes are present that document reduction of pain from 9/10 to 5/10 with meds. She has an S1 radiculopathy on EMG performed earlier this year. Therefore, the request for Gabapentin 600 MG #90 is medically necessary and appropriate.

REQUEST FOR TRAMADOL ER 150 MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. In this case, the patient has been taking Tramadol as early as August 2013. However, specific functional gains such as increased ability to perform activities of daily living or decreased pain scores were not documented in the progress reports. Therefore, the request for Ttramadol is not medically necessary and appropriate.

REQUEST FOR APPTTRIM # 120 X 2 BOTTLES: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The CA MTUS does not address medical food specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Pain Chapter, Medical food was used instead. The Official Disability Guidelines state that medical foods are dietary management for a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements. Medical foods must be used under medical supervision. In this case the patient has been using Appttrim as early as August 2013. The patient is using this medical food as a diet supplement for weight loss. However, there has been no discussion concerning lifestyle

related changes and failure of previous attempts at weight loss or specific nutritional needs that is addressed by Apptrim. Therefore, the request for Apptrim is not medically necessary and appropriate.

8 ACUPUNCTURE VISITS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: As stated in the California MTUS Acupuncture Medical Treatment Guidelines, acupuncture as an option when pain medication is reduced or not tolerated and used as an adjunct to physical therapy and/or surgery to hasten recovery. In this case, the patient is taking multiple medications for chronic pain. However, there is no indication that the patient cannot tolerate medications. There are no concurrent physical therapy sessions or plan surgery noted. Therefore, the request for acupuncture is not medically necessary.