

<b>Case Number:</b>	CM14-0123845		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	03/15/2010
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	07/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 52 year old female who was injured on 3/15/2010. The diagnoses are lateral epicondylitis, low back pain and cervicalgia. On 6/27/2014, [REDACTED] noted that the patient did well after 6PT sessions. Only the vital signs was recorded. There was no full neuromuscular examination report. On 3/19/2014, a pain score of 8/10 on a scale of 0 to 10 was reported. There was pins and needle sensation in the upper extremities in addition to reports of sleep disturbance. The reports from [REDACTED] are hand written and mostly illegible. A Utilization Review determination was rendered on 7/22/2014 recommending non certification for gabapentin #270 3 refills, ibuprofen 600mg #90 3 refills and 6 additional PT to lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Refill of Gabapentin 300mg, #270 with 3 refills:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-22.

**Decision rationale:** The CA MTUS guideline recommend that anti-epileptic medications can be utilized as first-line medication in the treatment of neuropathic pain. Gabapentin was noted to be

also beneficial in the treatment of non neuropathic pain. The records indicate that the patient has radicular pain with associated sensation of pins and needles in the upper extremities. The criteria for the use of gabapentin #270 3 refills were met.

**Refill of Ibuprofen 600mg #90, with 3 refills:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

**Decision rationale:** The CA MTUS recommends that NSAIDs can be utilized at the lowest possible dose for the shortest periods during periods of exacerbation of chronic musculoskeletal pain. The records indicate that the patient is utilizing ibuprofen for the treatment of exacerbations of chronic musculoskeletal pain. There are no reported NSAIDs related side effects. The criteria for the use of ibuprofen 600mg #90 3 refills was met.

**Additional Physical Therapy x 6 Sessions, Lumbar Spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation ODG- Pain Chapter. Low Back.

**Decision rationale:** The CA MTUS and the ODG guidelines addressed the use of active physical therapy in the treatment of chronic musculoskeletal pain. The records indicate that the patient had completed more than 6 PT sessions at [REDACTED]. On 6/27/2014, [REDACTED] noted that the patient was doing well after completing 6 PT sessions. There was no detailed neuromuscular examination to support the need for additional PT sessions. The guidelines recommend that the patient can progress to home exercise program after completion of supervised PT. The criterion for 6 additional sessions of PT of the lumbar spine was not met.