

Case Number:	CM14-0169601		
Date Assigned:	10/17/2014	Date of Injury:	01/01/2001
Decision Date:	11/24/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	10/14/2014

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 is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of January 1, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; transfer of care to and from various providers in various specialties; opioid therapy; unspecified amounts of physical therapy; and anxiolytic medications. In a Utilization Review Report dated September 15, 2014, the claims administrator denied a request for 12 sessions of massage therapy, denied a request for naproxen, and denied a request for Neurontin. The applicant's attorney subsequently appealed. In a progress note dated September 4, 2014, the applicant reported ongoing complaints of neck pain and low back pain, 6-7/10. The applicant did not exercise regularly and was "unemployed" at present, it was acknowledged. The applicant was smoking everyday, it was further noted. The applicant was placed off of work, on total temporary disability. Norco, Fexmid, and Voltaren were apparently renewed while the applicant was kept off of work. In an earlier note dated August 4, 2014, the applicant again reported ongoing complaints of low back and neck pain, exacerbated by activity, standing, and walking. The applicant was reportedly "unemployed," and was still smoking every day. Norco, naproxen, and Neurontin were renewed while the applicant was kept off of work, on total temporary disability, for an additional four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy times 12 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy; Physical Medicine Page(s): 60; 98.

Decision rationale: The 12-session course of massage therapy proposed, in and of itself, represents treatment in excess of the four- to six-session course recommended on page 60 of the MTUS Chronic Pain Medical Treatment Guidelines. Page 60 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that massage therapy should be employed only as an adjunct to other recommended treatments, such as exercise, while page 98 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that passive modalities such as massage should be employed "sparingly" during the chronic pain phase of a claim. The request for 12 sessions of massage therapy, thus, runs counter to MTUS principles and parameters. Accordingly, the request is not medically necessary.

Anaprox 550mg #60 no refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications; Functional Restoration Approach to Chronic Pain Management Page(s).

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Anaprox (naproxen) do represent the traditional first line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations and should, furthermore, incorporate some discussion of "other medications" into his choice of pharmacotherapy. In this case, the attending provider has seemingly furnished the applicant with concurrent prescriptions for two separate NSAIDs, naproxen and Voltaren, with no specific rationale as to why. It is further noted that the applicant's ongoing complaints of 6-7/10 low back pain, reportedly severe, suggests that ongoing usage of naproxen has not proven altogether effective here. The fact that the applicant remains off of work, on total temporary disability, likewise implies that ongoing usage of naproxen has proven unsuccessful here in terms of the functional improvement parameters defined in MTUS 9792.20f. Therefore, the request is not medically necessary.

Neurontin 300mg #90 no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Gabapentin Page(s): 19.

Decision rationale: As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants using gabapentin (Neurontin) should be asked "at each visit" as to whether there have been improvements in pain and/or function with the same. In this case, however, the fact that the applicant is off of work, on total temporary disability, coupled with the fact that the applicant remains dependent on opioid agents such as Norco, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Neurontin (Gabapentin). Therefore, the request is not medically necessary.