

Case Number:	CM14-0024521		
Date Assigned:	06/11/2014	Date of Injury:	12/09/1996
Decision Date:	10/01/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/26/2014

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 50-year-old female who has submitted a claim for lumbosacral neuritis associated with an industrial injury date of 12/09/1996. Medical records from 2012 to 2014 were reviewed, which showed that the patient presented with cervical area and lower back pain radiating to both upper and lower extremities. Pain is described as sharp, stabbing, pressure and cramping. Physical examination revealed severe tenderness over the bilateral cervical area. Range of motion of cervical area is significantly limited due to pain. Severe tenderness is noted at the occipital area. Pain is noted upon palpation of the occipital nerve. There are several trigger points over the cervical area and trapezius region. Treatment to date has included medications, physical therapy and home exercises. Utilization review from 02/12/2014 modified the request for Neurontin 300mg #90 with 2 refills to Neurontin 300mg #60 for weaning purposes. The same review denied the request for physical therapy because the patient has already undergone physical therapy and has been performing home exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE PRESCRIPTION OF NEURONTIN 300MG #90 WITH TWO REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) - Gabapentin (Neurontin, Gabarone™, generic available) ; Gabapentin.

Decision rationale: According to pages 16-18 and 49 of CA MTUS Chronic Pain Medical Treatment Guidelines, Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia. It has been considered as a first-line treatment for neuropathic pain. In this case, Neurontin has been prescribed since at least 02/14/2013 for neuropathic pain. However, response to the medication was not discussed. The medical records do not clearly reflect continued functional benefit from its use. The medical necessity has not been established. There was no compelling rationale for continued use of this medication. Therefore, the request one prescription of Neurontin 300mg #90 with two refills is not medically necessary.

SIXTEEN PHYSICAL THERAPY SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98.

Decision rationale: As stated on page 98 to 99 of CA MTUS Chronic Pain Medical Treatment Guidelines, physical therapy is beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. In this case, patient has had previous physical therapy in 09/23/2012 and 10/07/2012. However, medical records submitted for review did not show the number of physical therapy sessions completed. Patient is also performing home exercises since at least 10/08/2012. There is no indication for additional sessions of physical therapy. There is no evidence of acute exacerbation of symptoms or worsening of exam findings to warrant such. Body part to be treated is likewise not specified. Therefore, the request for 16 Physical Therapy Sessions is not medically necessary.