

<b>Case Number:</b>	CM14-0033938		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	12/08/2007
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	03/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2014

### 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 December 8, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; topical compounds; earlier lumbar fusion; unspecified amounts of physical therapy; and extensive periods of time off of work. In a Utilization Review Report dated March 14, 2014, the claims administrator denied a request for a Gabapentin containing cream, denied a request for physical therapy, and denied a pain management consultation to the lumbar spine. The applicant's attorney subsequently appealed. In a progress note dated March 3, 2014, the attending provider noted that the applicant had persistent complaints of back and leg pain. The applicant acknowledged that she had received 24 sessions of acupuncture and chiropractic manipulative therapy. The applicant stated that she was able to walk for a protracted amount of time. 4+/5 lower extremity strength was noted. The applicant was apparently given a 32% whole-person impairment rating. In a Request for Authorization (RFA) form of February 8, 2014, the attending provider sought authorization for omeprazole, doxepin, Gabapentin containing cream, physical therapy, Motrin, Norco, and a functional capacity evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CM1 Gabapentin 10% Cream Quantity:30.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics topic. Page(s): 111-113.

**Decision rationale:** As noted on page 113 of the MTUS Chronic Pain Guidelines, Gabapentin is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound carries an unfavorable recommendation, the entire compound is considered not recommended, per page 111 of the MTUS Chronic Pain Guidelines. Therefore, the request is not medically necessary.

**Physical Therapy Quantity :8.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE GUIDELINES Page(s): 99. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES ,TREATMENT FOR WORKER COMPENSATION ,PHYSICAL MEDICINE GUIDELINES.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine topic. Page(s): 99, 8.

**Decision rationale:** While page 99 of the MTUS Chronic Pain Guidelines does support a general course of 8 to 10 sessions of treatment for radiculitis, the diagnosis reportedly present here, in this case, however, the applicant has had prior extensive, unspecified amounts of physical therapy over the life of the claim. The MTUS Chronic Pain Guidelines states that there must be interval demonstration of functional improvement at various milestones in the treatment program so as to justify continued treatment. In this case, however, there has been no such demonstration of functional improvement. The applicant is seemingly off of work. The applicant is still off of work and remains highly reliant and highly dependent on various and sundry analgesic and adjuvant medications. Therefore, the request for eight sessions of physical therapy is not medically necessary.

**Pain Management Consultation For The Lumbar Spine Quantity:1.00:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1.

**Decision rationale:** As noted on page 1 of the MTUS Chronic Pain Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. In this case, the applicant is off of work. The applicant's chronic pain complaints have proven recalcitrant to a variety of conservative treatments, including time, medications, physical therapy, manipulative therapy, etc. Obtaining the added

expertise of a physician specializing in chronic pain, such as a chronic pain physician is indicated. Therefore, the request is medically necessary.