

<b>Case Number:</b>	CM14-0040174		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	04/12/2007
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	03/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/04/2014

### 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 Management and is licensed to practice in Tennessee. 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:

This is a 63-year-old male with a date of injury of 4/12/07. The mechanism of injury was not noted. On 3/12/14, he complained of right wrist pain and numbness, rated 5/10, aching in the lower back with radiation into the left leg and foot, and numbness in both arms. He takes tramadol and gabapentin, which are helping and is not attending therapy and not working. On exam, the right hand and wrist have restricted range of motion with some pain. On 3/20/14, he complained of neck pain radiating down to the bilateral upper extremities, low back pain, which radiates down the bilateral lower extremities, and upper extremity pain bilaterally in the hands. The pain is rated 4/10 with medications and 7/10 without medications. The pain is reported worse since his last visit. On exam he was observed to be in moderate distress. There was lumbar tenderness upon palpation in the L4-S1 levels. There was hypersensitivity in the bilateral upper extremities and tenderness noted at the right wrist. The diagnostic impression is lumbar disc degeneration, chronic pain, lumbar radiculopathy, bilateral carpal tunnel syndrome, and bilateral knee pain. Treatment to date: surgery, physical therapy, TENS unit, medication management. A UR decision dated 3/5/14, denied the requests for gabapentin, Medrol dose pack, and a pain management consult. The gabapentin was denied because there was no subjective complaints or objective deficits related to the right wrist that appear to be neurogenic in origin. Additionally, he was previously on gabapentin in 2013, and there was no documented evidence that gabapentin provided any symptomatic or functional benefit. He was given on 2/6/14, a supply of 120 tablets of gabapentin, which should be quantity sufficient to wean him off gabapentin over a minimum of one week. The Medrol dose pack was denied because guidelines state that there is some evidence for limited courses of corticosteroids for CRPS, however, there is insufficient clinical evidence that the patient has met the diagnostic criteria for CRPS, and guidelines do not recommend oral corticosteroids for chronic pain. The pain management

consultation was denied because the provider has indicated that the patient is in need of this consultation for the purpose of a stellate block. Guidelines address this treatment for the diagnosis and therapy for CRPS, and there is minimal evidence to support this procedure for this diagnosis.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Gabapentin 300mg #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 Anti-epileptic Drugs, Gabapentin Page(s): 16-18, 49.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines states that Gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The patient has numbness in bilateral upper extremities and it was noted that on 3/20/14 his pain was rated 4/10 with medications and 7/10 without. In addition, the previous prescription of Neurontin was for 600mg tablets and the current request is noted to be 300mg tablets. Therefore, the request for Gabapentin 300mg #90 was medically necessary.

#### **21 Medrol Dose Pack: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medrol dose pack. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

**Decision rationale:** CA MTUS does not specifically address this issue. ODG criteria for oral/parenteral steroids for low back pain include clinical radiculopathy; risks of steroids should be discussed with the patient and documented in the record; and treatment in the chronic phase of injury should generally be after a symptom-free period with subsequent exacerbation or when there is evidence of a new injury. However, there is no documentation of any new injuries or an acute exacerbation of the existing injuries noted. Guidelines are recommended for acute radicular pain, not for acute non-radicular pain or chronic pain. Treatment in the chronic phase of injury should generally be after a symptom-free period with subsequent exacerbation or when there is evidence of a new injury. Therefore, the request for 21 Medrol Dosepak was not medically necessary.

#### **Pain Management Consultation: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment.

**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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, Independent Medical Examinations and Consultations, pages 127,156.

**Decision rationale:** CA MTUS states that consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. Office visits are recommended as determined to be medically necessary. Evaluation and management visits play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. This patient has a date of injury of 4/12/07, with ongoing chronic pain. In addition, he is currently not working. Guidelines support consultations with outside specialists as the primary treating provider feels appropriate. Therefore, the request for a pain management specialist was medically necessary.