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| Case Number: | CM14-0050597 | | |
| Date Assigned: | 06/25/2014 | Date of Injury: | 10/21/2002 |
| Decision Date: | 08/08/2014 | UR Denial Date: | 03/17/2014 |
| Priority: | Standard | Application Received: | 03/24/2014 |

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 Internal Medicine & Emergency Medicine and is licensed to practice in 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:

This patient is a 54 year-old with a date of injury of 10/21/02. A progress report associated with the request for services, dated 03/11/14, identified subjective complaints of low back pain into the lower extremities. Objective findings included tenderness to palpation of the lumbar spine. Motor and sensory functions were normal. Diagnoses included lumbar disc disease and neck pain. Treatment has included oral analgesics, NSAIDs, gabapentin, and an epidural steroid injection is planned. Physical therapy is requested post-injection. A Utilization Review determination was rendered on 03/17/14 recommending non-certification of "6 Physical therapy sessions for the lumbar spine and 1 prescription of Gabapentin 300mg #60 with 3 refills".

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Physical therapy sessions for the lumbar spine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical therapy guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): page(s) 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Physical Therapy.

Decision rationale: The Chronic Pain section of the Medical Treatment Utilization Schedule (MTUS) recommends physical therapy with fading of treatment frequency associated with ... active therapies at home as an extension of the treatment process in order to maintain improvement levels. In this case, the total number of visits requested is within the recommendations noted above. The non-certification modified the number of sessions allowed. However, the record does document the medical necessity for six physical therapy sessions as requested and therefore the request is medically necessary and appropriate.

1 Prescription of Gabapentin 300mg #60 with 3 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 Antiepilepsy Drugs Page(s): 16-21, 49.

Decision rationale: Gabapentin (Neurontin) is an anti-seizure agent. The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines note that this class of agents is recommended for neuropathic pain, but there are few randomized trials directed at central pain and none for painful radiculopathy. Further, it states: A recent review has indicated that there is insufficient evidence to recommend for or against antiepileptic drugs for axial low back pain. The Guidelines also state that the role for gabapentin is for: ...treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered first-line treatment for neuropathic pain. No recommendations are made for specific musculoskeletal etiologies. In this case, there is no documentation for a neuropathic component to the pain, and little evidence to support its use specifically in low back pain and radiculopathy. Also, there is no evidence of functional improvement from the Neurontin. Therefore, the record does not document the medical necessity for Neurontin (gabapentin) and is therefore not medically necessary and appropriate.