

<b>Case Number:</b>	CM14-0073914		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	06/07/2011
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	05/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2014

### 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 Physical Medicine and Rehabilitation 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 underlying date of injury in this case is 06/07/2011. The primary diagnosis is a lumbar sprain. An initial physician review of 05/02/2014 had available an office note of 04/14/2014 which is not available at this time. At that time, the patient was evaluated for low back pain, left knee pain, and ankle pain. That reviewer concluded that the records did not provide a rationale for aquatic rather than land-based therapy. That review also noted that tramadol was not indicated as first-line treatment particularly for chronic back pain. The review also noted that there was no clear documentation of neuropathic pain to support an indication for Neurontin. The only documentation available at this time is a primary treating physician's progress note of 05/16/2014. At that time, the treating physician addressed concerns about prior utilization review decisions. The primary treating physician notes that the patient had injured her left ankle and left knee as well as her lumbar spine and had not improved with initial physical therapy or chiropractic or medications and continued with ongoing numbness and tingling and burning pain which were of neuropathic origin. The patient had noted minimal benefit of numbness from Neurontin between 300 and 1200 mg daily, that the burning pain did not improve, and therefore the treating physician recommended Lyrica for a better chance at alleviating neuropathic pain. The treating physician also recommended Zipsor to eliminate side effects of anti-inflammatory medications, and the treating physician also recommended a course of acupuncture to address severe myofascial pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Six (6) Aquatic Therapy Sessions: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

**Decision rationale:** The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines Section on Aquatic Therapy states that this is recommended as an optional form of exercise as an alternative to land-based physical therapy. Additional information currently available and apparently not available to the initial reviewer indicates that this patient has failed extensive land-based therapy and 6 visits of aquatic therapy have been requested as an alternative. The guidelines do support this treatment plan. This request is medically necessary.

**Tramadol, unknown prescription: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol; Opioids, criteria for use; Weaning of Medications; Opioids for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Page(s): 78.

**Decision rationale:** The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines Section on Opioids/Ongoing Management, page 78, recommends ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The medical records do not clearly document these 4 A's of opioid use in this case. Moreover, the request does not document a specific dosage or quantity requested, and for that reason, the guidelines cannot be applied. For these multiple reasons, this request is not supported by the guidelines. This request is not medically necessary.

**Neurontin, unknown prescription: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Medications Page(s): 17.

**Decision rationale:** The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines Section on Antiepileptic Medications states on page 17 regarding this class of medications that after initiation of treatment, there should be documentation of pain relief and functional improvement. The records do not clearly support this detail to support a continuation of Neurontin; later treating notes indicate that there was a request to switch from Neurontin to Lyrica. Additionally, this request does not document the frequency or quantity of Neurontin

recommended, and for that reason it would not be possible to apply a guideline. For these multiple reasons, this request is not medically necessary.