

<b>Case Number:</b>	CM14-0086304		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	08/14/1985
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	06/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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 and Pain 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:

The injured worker is a 55-year-old male who reported an injury on 08/14/1985. The mechanism of injury was not provided for clinical review. The diagnoses included lumbar degenerative disc disease, lumbar stenosis, cervical degenerative disc disease, and lumbar radiculopathy. The previous treatments included medication and surgery. Within the clinical note dated 05/27/2014, it was reported the injured worker complained of neck, low back, and right buttock pain. Medication regimen included Vicoprofen, Lunesta, Neurontin. Upon the physical examination, the provider noted flexion and extension were limited secondary to mild pain. The provider noted the bilateral lower extremity exam revealed intact sensation. The provider requested for physical therapy eval, continuation of physical therapy, Neurontin, and Vicodin; however, a rationale was not provided for clinical review. A Request for Authorization was submitted and dated on 05/29/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PT Eval:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**Decision rationale:** The request for physical therapy eval is not medically necessary. The California MTUS/ACOEM Guidelines state, physician followup can occur when a release to modified, increased or full duty if needed, or after appreciable healing or recovery can be expected on average. There is lack of documentation indicating the number of sessions the provider is requesting. The treatment site for the evaluation was not provided for clinical review. There is lack of documentation of an adequate assessment of pain to support the request for physical therapy eval. Therefore, the request is not medically necessary.

**Continue PT (x11):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** The request for Continue PT (x11) is not medically necessary. As the injured worker's physical therapy evaluation has not been authorized, the current request for physical therapy times 11 sessions is also not medically necessary. As such, the request is not medically necessary.

**Neurontin:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49.

**Decision rationale:** The request for Neurontin is not medically necessary. The California MTUS Guidelines note gabapentin, also known as Neurontin, has been shown to be effective for treatment diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency and quantity of the medication. The request submitted failed to provide the dosage of the medication. Therefore, the request is not medically necessary.

**Vicodin:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 78.

**Decision rationale:** The request for Vicodin is not medically necessary. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug

screen or inpatient treatment with issues of abuse, addiction, or poor pain control. The provider failed to document an adequate complete pain assessment within the documentation. There is lack of documentation indicating that the medication had been providing objective functional benefit and improvement. Additionally, the use of a urine drug screen was not provided for clinical review. The request submitted failed to provide the frequency and quantity of the medication. The request submitted failed to provide the dosage of the medication. Therefore, the request is not medically necessary.