

<b>Case Number:</b>	CM14-0190903		
<b>Date Assigned:</b>	11/24/2014	<b>Date of Injury:</b>	03/25/2005
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	10/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 52 year old female who was injured on 3/25/2005 when unloading and putting meat into a case, developing low back pain. She was diagnosed with lumbago, lumbar strain/sprain, and lumbar radiculopathy. She was treated with multiple surgeries (lumbar), epidural injection, medication, and physical therapy. She continued to experience chronic pain and was later diagnosed with left foot drop secondary to left L4 neuropraxia. She later fell due to her left foot weakness injuring her right fifth finger requiring surgery and ended up experiencing chronic right hand pain and swelling thought to be reflex sympathetic dystrophy. Due to lack of evidence of benefit from the chronic use of gabapentin, it was recommended by previous reviewers to discontinue gabapentin by weaning it down. On 10/20/14, the worker was seen by her primary treating physician for a follow-up reporting continual lower lumbar pain rated 5-10/10 on the pain scale depending on the day and experiences burning pain in the left leg and foot with decreased feeling below the left knee. She also reported continual right hand pain and swelling. She reported using Oxycontin regularly for her pain and also takes Soma as needed and gabapentin three times a day (no report on how effective these medications were for her symptoms). Physical findings included right hand swelling but no warmth and decreased ability to make a full fist, no lumbar tenderness or spasm, left leg/foot weakness, and decreased sensation of left leg. Blood tests recently revealed a negative ANA and negative RF, uric acid level of 3.6, and ESR of 9, all in the normal range. Right hand x-ray was reviewed showing soft tissue swelling and stable degenerative changes as well as an old 5th metacarpal fracture. She was then recommended Meloxicam trial, continue previous medications (including gabapentin), and seek a rheumatology consultation regarding the right hand symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Rheumatology consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Assessment and Management of Chronic Pain. Bloomington (MN): Institute for Clinical Systems Improvement

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7 p. 127

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS)/ American College of Occupational and Environmental Medicine (ACOEM) Guidelines state that referral to a specialist(s) may be warranted 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 in assessing therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work, and suggests that an independent assessment from a consultant may be useful in analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. In the case of this worker, there is no evidence to suggest an inflammatory arthritis or other rheumatological disease which a specialist would be likely to add to the treatment strategy. The right hand symptoms are chronic and most likely related to her injury and should be able to be treated by her primary treating physician at this point. Therefore, rheumatology consultation is not medically necessary, in the opinion of the reviewer and based on the documents provided for review.

**Gabapentin 600mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16-22.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) Guidelines state that anti epilepsy drugs (or anti-convulsants) are recommended as first line therapy for neuropathic pain as long as there is at least a 30% reduction in pain. If less than 30% reduction in pain is observed with use, then switching to another medication or combining with another agent is advised. Documentation of pain relief, improvement in function, and side effects is required for continual use. Preconception counseling is advised for women of childbearing years before use, and this must be documented. In the case of this worker, there was chronic use of gabapentin leading up to this request. A recent request for continuation was denied due to lack of evidence of benefit. At the time of this request, there also was insufficient evidence to suggest any functional improvement with its continual use, which is necessary in order to justify its

continuation. Therefore, gabapentin will be considered medically unnecessary. Safe weaning should only take 1-2 weeks.