

Case Number:	CM14-0199105		
Date Assigned:	12/09/2014	Date of Injury:	07/24/2013
Decision Date:	01/22/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	11/26/2014

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 and is licensed to practice in New York. 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 claimant is a 44 years old male who sustained an industrial injury on 07/24/2013. The mechanism of injury occurred when he was hauling plaster sand and he became stuck in the sand and a loader operator rammed into the trailer launching him from his seat. His diagnoses include cervicalgia, cervical radiculitis, knee pain, and myofascial pain. He continues to complain of neck pain, headaches and left shoulder pain. On physical exam there are spasms noted in the cervical and thoracic paraspinal muscles. Dysesthesia was noted to light touch in the right upper extremity. Treatment has consisted of medications Norco, Gabapentin, Amitriptyline, physical therapy, occupational therapy, left knee brace, crutches, hand splint, neck brace, walking stick and use of a TENS unit. The treating provider has requested a TENS unit for home use and Gabapentin 100mg # 120.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit for the home use: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114.

Decision rationale: The requested purchase of a TENS is not medically necessary. Per California MTUS Guidelines it is not recommended as an isolated therapeutic intervention and is only recommended on a one-month trial if it is part of a comprehensive rehabilitation program. There is no documentation indicating that the claimant is part of such a rehabilitation program. There is documentation of functional benefit from electrical stimulation but no indication he is under the supervision of a licensed physical therapist. Medical necessity for the requested item has not been established. The requested treatment is not medically necessary.

Gabapentin 100 #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13.

Decision rationale: The recommended medication, Gabapentin is medically necessary for the treatment of the patient's condition. Per the documentation there is evidence that the claimant has neuropathic pain. Per California MTUS Guidelines 2009 antiepilepsy medications are a first line treatment for neuropathic pain. A recommended trial period for an adequate trial of gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. The patient has been prescribed the medication and there is documentation of a positive response to this medical therapy. Medical necessity has been documented and the requested treatment is medically necessary for treatment of the patient's chronic pain condition.