

Case Number:	CM14-0204882		
Date Assigned:	01/02/2015	Date of Injury:	08/19/2009
Decision Date:	02/23/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/08/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabn, Neuromuscular Medicine

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 patient is a 62 year old male who had a work injury dated 8/19/09. He was the manager of a store for 30 years when a pallet of merchandise fell on him. The diagnoses include lumbar degenerative disc disease and hip degenerative disease with a labral tear; shoulder impingement syndrome; carpal tunnel syndrome; chronic post traumatic headache. Under consideration are requests for aquatic therapy 2x6 for low back (hips are not accepted); Gralise 600mg #90 refills x3; Topamax 25mg #60 refills x3. An 8/29/14 document stated that the patient last worked 10/29/10 unchanged. An 8/25/14 document states that the patient has headaches occur at most four to five times a week. Sometimes he can go for a week without a headache at all. Usually, they last about one and a half hours. He does not take any particular medication and they subside spontaneously. He sees white half moon shapes as well. Facial numbness "comes and goes." Sometimes this is present with a headache and at other times not. Hearing has been problematic for years before the injury. Balance and equilibrium are a problem. There is numbness and tingling in both hands. This is maximum in the first, second and third digits. There is some radiation up the forearms. His sleep is poor. On exam special examination of the extremities temperature, turgor or vasomotor status shows no alteration of temperature, turgor. There is no erythema, edema or deformity, edema or deformity. Tinel's sign is positive over the wrists bilaterally. There is slight weakness of the opponens pollicis muscle without atrophy in both hands. There is hypesthesia and hypalgesia in the median nerve distribution. The gait is normally based without limp or ataxia. Motor testing does not show focal or generalized weakness. Deep tendon reflexes are normally active and symmetric. Rapid alternating movements are performed

well. There is a fine tremor of the right upper extremity (this is not worse with intention). The discussion portion of each of the three injuries reportedly involved a blow to the head, although none with any loss of consciousness. The emphasis of care was on his assorted orthopedic problems. Following the first injury, there was an entry 8/27/09 that he had "mixed migraine tension headache" and an entry 9/3/09 that he had "extreme" headache with "beeping sounds" in his head. After the first injury, but before the second injury on 9/7/10, he was seen by a physician , who noted "numerous physical complaints." Per documentation a progress note dated 11/25/14 states that the patient complained of low back and bilateral hip pain. The claimant stated that he had a fever since his last visit and that flared up his low back and hip pain. Pain level was 3/10. The claimant also reported that gabapentin caused unacceptable side effects that he had not experienced with Gralise. It was reported that this medication had helped with nerve pain down the legs. On physical exam the lumbar flexion 60. There was no lumbar tenderness, no neurological deficits, and decreased hip motion, especially on the right. The claimant was treatment plan included Gralise, aqua therapy, Topamax, Gralise.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy 2x6 for Low Back: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: Aquatic Therapy 2x6 for Low Back is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS physical medicine guidelines recommend up to 10 therapy visits for this condition. The request exceeds this recommendation. The guidelines recommend aquatic therapy as an optional form of exercise therapy, where available, as an alternative to land based physical therapy where reduced weight bearing is desirable, for example extreme obesity. The documentation is not clear on why the patient cannot tolerate land based therapy. The patient has participated in prior therapy and should be well versed in a home exercise program. The outcome of prior therapy sessions is not clear. The request for aqua therapy 2x6 for low back is not medically necessary.

Gralise 600mg #90 refills x3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 17-18. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain-gabapentin enacarbil ER (Gralise).

Decision rationale: Gralise 600mg #90 refills x3 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS guidelines do not specifically address Gralise which is gabapentin enacarbil ER. The MTUS states that Gabapentin is first line for painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The MTUS states that after initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. The ODG states that there is no evidence to support use of Gralise for neuropathic pain conditions or fibromyalgia without a trial of generic gabapentin regular release. The documentation does not indicate significant functional improvement on prior Gralise therefore the request for continued Gralise with 3 refills is not medically necessary.

Topamax 25mg #60 refills x3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate Page(s): 21. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) , Low back- Topiramate (Topamax®) Pain- Topiramate (Topamax®).

Decision rationale: Topamax 25mg #60 refills x3 is not medically necessary. Per the guidelines, it has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of "central" etiology. It is still considered for use for neuropathic pain when other anticonvulsants fail. It is unclear why the patient requires 2 antiepileptic agents. Topiramate is under study for chronic low back pain. Without clear rationale for why this medication is being prescribed the request for Topamax with 3 refills is not medically necessary.