

<b>Case Number:</b>	CM14-0206405		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	12/22/2011
<b>Decision Date:</b>	02/12/2015	<b>UR Denial Date:</b>	11/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2014

### 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 Physical Medicine Rehab, has a subspecialty in Interventional Spine 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 patient is a 33 year old female with an injury date of 12/22/11. Based on the 10/07/14 progress report provided by treating physician, the patient complains of back and left leg pain. Physical examination findings were unremarkable. The patient is permanent and stationary. MRI of the Lumbar Spine 02/21/14, per treating physician report dated 11/20/14 revealed disc desiccation at L5-S1 and a small board based disc protrusion with lateral recess stenosis bilaterally. Patient has been treated with physical therapy, and has undergone bilateral S1 nerve root injection with around 60% improvement in 2012. Patient is attending cognitive behavioral therapy. Gabapentin is prescribed for significant nerve pain in progress reports dated 10/07/14 and 11/20/14. Per treating physician report dated 11/20/14, patient notes burning pain in the lower aspect of the L3 distribution and in the upper aspect of the L4 distribution. Patient has been started on small amount (half tab) of Gabapentin at night which will allow patient to sleep better and decrease some of her burning pain. Gabapentin is the only medication patient is taking at this time. Per progress report dated 11/20/14, treating physician requests medication management with a psychiatrist, as patient's "depressive symptoms are worsening and she is not taking any antidepressant at this time. The three visits are requested because the first visit will be a consultation with the psychiatrist where they will go over the different medications she has been on, her current medication and her current psychiatric situation. The second and third visits will be follow ups to see how she is doing on the medications." Treating physician also states "psychiatry is outside our area of expertise. Our goal is for this patient to at least see a psychiatrist and discuss which combination of medications would be better for her if needed. We can take over writing fore her psychiatric medications after she has been established and stable on combination of medications." Diagnosis 07/22/14, 10/07/14- unspecified major depression, recurrent episode- spondylosis lumbosacral- lumbar disc displacement without

myelopathy- disorders sacrum- sciaticaThe utilization review determination being challenged is dated 11/13/14. Treatment reports were provided from 11/12/13 - 11/20/14.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Medication management three sessions: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**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, page 127, Medication management.

**Decision rationale:** The patient presents with back and left leg pain. The request is for MEDICATION MANAGEMENT THREE SESSIONS. Patient's diagnosis on 10/07/14 included lumbosacral spondylosis, lumbar disc displacement without myelopathy, and recurrent episode of unspecified major depression. MRI of the Lumbar Spine 02/21/14, per treating physician report dated 11/20/19 revealed disc desiccation at L5-S1 and a small board based disc protrusion with lateral recess stenosis bilaterally. Patient has been treated with physical therapy, and has undergone bilateral S1 nerve root injection with around 60% improvement in 2012. Gabapentin is prescribed for significant nerve pain in progress reports dated 10/07/14 and 11/20/14. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: "The occupational health practitioner may refer to other specialists 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. Per progress report dated 11/20/14, treating physician requests medication management with a psychiatrist, as patient's "depressive symptoms are worsening and she is not taking any antidepressant at this time. The three visits are requested because the first visit will be a consultation with the psychiatrist where they will go over the different medications she has been on, her current medication and her current psychiatric situation. The second and third visits will be follow ups to see how she is doing on the medications." Treating physician also states "psychiatry is outside our area of expertise. Our goal is for this patient to at least see a psychiatrist and discuss which combination of medications would be better for her if needed. We can take over writing for her psychiatric medications after she has been established and stable on combination of medications." Given the patient's condition, the request appears reasonable. Therefore, the three sessions of psychiatric medication management consult IS medically necessary.

#### **Gabapentin 600mg #60: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Gabapentin: Gabapentin (Neurontin, Gabarone, generic available) Page(s): 18-19.

**Decision rationale:** The patient presents with back and left leg pain. The request is for GABAPENTIN 600MG #60. Patient's diagnosis on 10/07/14 included lumbosacral spondylosis, lumbar disc displacement without myelopathy, and recurrent episode of unspecified major depression. MRI of the Lumbar Spine 02/21/14, per treating physician report dated 11/20/19 revealed disc desiccation at L5-S1 and a small board based disc protrusion with lateral recess stenosis bilaterally. Patient has been treated with physical therapy, and has undergone bilateral S1 nerve root injection with around 60% improvement in 2012. Gabapentin is prescribed for significant nerve pain in progress reports dated 10/07/14 and 11/20/14. MTUS has the following regarding Gabapentin on pg. 18, 19: "Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Per treating physician report dated 11/20/14, patient notes burning pain in the lower aspect of the L3 distribution and in the upper aspect of the L4 distribution. Patient has been started on small amount (half tab) of Gabapentin at night which will allow her to sleep better and decrease some of her burning pain. Patient presents with neuropathic pain for which Gabapentin is indicated. Gabapentin is the only medication patient is taking for her condition, until her psychiatric medication management consult. The request appears reasonable, therefore it IS medically necessary.