MAXIMUS Federal Services

Case Number:	CM15-0102451		
Date Assigned:	06/12/2015	Date of Injury:	05/09/2012
Decision Date:	07/21/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	05/21/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 53 year old female who sustained an industrial injury on 5/09/12. Comprehensive pain management progress report dated 5/09/15 states injured worker with complaints of pain in her right and left shoulder, right and left arm, right and left elbow, right and left forearm, right and left hand/wrist, neck, back, left pelvic, left buttock, left leg, left knee, left calf, left foot/ankle, left hip, left shin. She has numbness and tingling in her right shoulder, right and left arm, right and left elbow, right and left forearm, right and left hand/wrist, left leg, left knee, left calf and left shin. Treatments that decrease symptoms are pain medications, rest and topical compound. Diagnoses include cervical disc disorder, shoulder tendinitis, lumbar intervertebral disc displacement without myelopathy, brachial neuritis or radiculitis, neuritis/radiculitis thoracic/lumbosacral. Plan of care includes cervical spine MRI, bilateral shoulders MRI, lumbar spine MRI, trial interferential unit for home use to control pain and gabapentin 100 mg three times per day # 90 for peripheral pain. Work status is totally temporary disabled for 45 days. Follow up appointment in 45 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential Stimulator Home Unit Trial x 30 days Rental for the shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 119-120. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Interferential current stimulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines interferential unit Page(s): 54.

Decision rationale: According to the guidelines an IF unit is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain. In this case, the claimant is not returning to work. A plan for medication and exercise along with the IF unit was not specified in the plan of care. The use of an IF unit is not medically necessary.

Gabapentin 100mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Medications for subacute & chronic pain, NSAIDs, Anti-epilepsy drugs (AEDs) for pain; ACOEM Guidelines, Chronic Pain Chapter Revised 8/8/08, page 110, Gabapentin.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18.

Decision rationale: According to the MTUS guidelines: Gabapentin (Neurontin) 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. Neurontin is also indicated for a trial period for CRPS, lumbar radiculopathy, Fibromyalgia and Spinal cord injury. In this case, the claimant does not have the stated conditions approved for Gabapentin use. Gabapentin is not medically necessary.