

Case Number:	CM15-0102774		
Date Assigned:	06/08/2015	Date of Injury:	06/21/2006
Decision Date:	07/09/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	05/28/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 41-year-old who has filed a claim for chronic neck pain reportedly associated with an industrial injury of June 21, 2008. In a Utilization Review report dated May 15, 2015, the claims administrator partially approved a request for 12 sessions of physical therapy as five sessions of the same, denied a request for oral Voltaren, and denied a request for Neurontin. The claims administrator referenced a RFA form received on May 11, 2015 and associated progress note of May 4, 2015 in its determination. The applicant's attorney subsequently appealed. In said May 11, 2015 RFA form, physical therapy, oral Voltaren, and Neurontin were endorsed. The applicant's work status was not clearly detailed in a May 4, 2015 order form. In an associated progress note of May 4, 2015, the applicant reported ongoing complaints of neck pain radiating into the left arm. The applicant's pain complaints have been present since 2006, it was reported. 6/10 pain complaints were reported. The applicant had received earlier manipulative therapy in unspecified amounts, it was reported. Physical therapy, Voltaren, and Neurontin were endorsed. The applicant was asked to consider cervical epidural steroid injection therapy in unimproved in the last visit. The note was sparse and did not clearly relay or narrate what treatment or treatments had transpired. The applicant's work status was not detailed. In an earlier note dated December 4, 2014, the applicant reported ongoing complaints of neck and shoulder pain. The applicant had been deemed permanent and stationary, it was acknowledged, with permanent restrictions in place. Manipulative therapy was sought at that point in time. It was not clearly stated whether the applicant was or was not working, although

this did not appear to be the case. The applicant had undergone earlier shoulder surgery in 2007, it was reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) sessions of physical therapy for cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic) Physical Therapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48, Chronic Pain Treatment Guidelines Physical Medicine Guidelines; Functional Restoration Approach to Chronic Pain Management Page(s): 99; 8.

Decision rationale: No, the request for 12 sessions of physical therapy was not medically necessary, medically appropriate, or indicated here. The 12-session course of physical therapy at issue, in and of itself, represents treatment in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the diagnosis reportedly present here. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Page 48 of the ACOEM Practice Guidelines likewise notes that it is incumbent upon an attending provider to furnish a prescription for physical therapy, which clearly states treatment goals. Here, however, the applicant's response to earlier treatment appears to have been poor. Permanent work restrictions were renewed, seemingly unchanged, from visit to visit. Clear treatment goals for further therapy, going forward, were not outlined. It was not clearly established how the applicant could profit from further therapy, going forward. It was not clearly established how (or if) the applicant's activity levels could be advanced with further physical therapy, going forward. Therefore, the request was not medically necessary.

Voltaren XR 100mg with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

Decision rationale: Similarly, the request for oral Voltaren was likewise not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Voltaren do represent the traditional first-line treatment for various chronic pain conditions, including the chronic pain syndrome seemingly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some

discussion of medication efficacy into his choice of recommendations. Here, however, the applicant was off of work, it was suggested (though not clearly stated) on or around the date in question, May 4, 2015. The applicant did not appear to be working following imposition of permanent work restrictions. The attending provider's May 4, 2015 progress note failed to outline either quantifiable decrements in pain or meaningful, material improvements in function (if any) effected as a result of ongoing Voltaren usage. The fact that the applicant was considering epidural steroid injection therapy, coupled with the fact that the applicant's permanent work restrictions were seemingly renewed, unchanged, from visit to visit, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of oral Voltaren. Therefore, the request to continue the same was not medically necessary.

Neurontin 300mg #90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) anti-epilepsy drug (AEDs).

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

Decision rationale: Similarly, the request for Neurontin (gabapentin), an anticonvulsant adjuvant medication, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants using Neurontin (gabapentin) should be asked at each visit as to whether there have been improvements in pain and/or function achieved as a result of the same. Here, however, the applicant did not appear to be working, as suggested above. Permanent work restrictions were renewed, seemingly unchanged, from visit to visit, despite ongoing usage of gabapentin. The applicant continued to report pain complaints as high as 6/10 on May 4, 2015, despite ongoing gabapentin usage. It did not appear, in short, that the applicant had effected functional improvement as defined in MTUS 9792.20e with ongoing gabapentin (Neurontin) usage. Therefore, the request to continue the same was not medically necessary.