

Case Number:	CM15-0108219		
Date Assigned:	06/17/2015	Date of Injury:	11/03/2010
Decision Date:	07/21/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	06/04/2015

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: 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:

This 53 year old male sustained an industrial injury to the low back on 11/3/10. Previous treatment included Magnetic resonance imaging lumbar spine (1/20/15) showed disc protrusion, mild disc degenerative disc disease and disc bulge with annular fissure mildly narrowing the neural foramen. Previous treatment included magnetic resonance imaging, physical therapy, acupuncture, epidural steroid injections and medications. In a PR-2 dated 4/17/15, the injured worker complained of low back pain rated 4/10 on the visual analog scale with medications and 5/10 without medications. The injured worker reported that his quality of sleep was fair and that his activity level had remained the same. The injured worker had attended 1/6 sessions of aqua therapy which he found to be helpful. The injured worker was working part time and taking classes. Physical exam was remarkable for lumbar spine with restricted range of motion, tenderness to palpation to the left paraspinal musculature, normal heel and toe walk, positive lumbar facet loading bilaterally, positive Faber test, 5/5 lower extremity strength and decreased sensation to the left thigh. Current diagnoses included low back pain and lumbar spine radiculopathy. The physician noted that Gralise reduced the numbness and radicular pain down the left leg. The treatment plan included continuing aqua therapy, continuing medications (Celebrex, Tramadol and Gralise) and a referral to a pain management psychologist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to Pain Management Psychologist within the medical provider network to evaluate: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Psychotherapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101-103.

Decision rationale: This patient receives treatment for chronic low back pain with radiculopathy down the L leg. This relates back to a work-related injury on 11/03/2010. On physical exam, the patient shows a reduced ROM, tenderness on palpation to the paralumbar muscles, and pain with lumbar facet joint loading on both sides. This review addresses a request for a referral to a psychologist for pain management. Psychological treatment can play an important and positive role in the management of chronic pain. Cognitive behavioral therapy and self-regulating therapies can be especially helpful. In addition, recognizing and treating underlying major depressive disorders, sleep disorders, and chronic anxiety can bring improvement in functioning and less reliance on analgesics. A referral to a pain management psychologist is medically necessary.

Gralise 600 mg table ER 24 hours take 3 tablets at bedtime #90 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptic drugs (AEDs) Page(s): 16-19.

Decision rationale: This patient receives treatment for chronic low back pain with radiculopathy down the L leg. This relates back to a work-related injury on 11/03/2010. This review addresses a request for refills of Gralise ER (gabapentin) 300 mg 3 at night. Gabapentin is an AED. AEDs have been studied for use in treating chronic low back pain with and without radiculopathy. The data from well designed trials does not show a consistent benefit for bringing relief, but there is for some subjects. There is also the problem of side effects. The documentation does state that the radicular pain is improved with gabapentin and there are no side effects are present. Gabapentin is medically necessary.