

Case Number:	CM15-0130236		
Date Assigned:	07/16/2015	Date of Injury:	03/25/2014
Decision Date:	08/13/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/06/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 41 year old male, who sustained an industrial injury on March 25, 2014. The injured worker was diagnosed as having lumbar strain/sprain, lumbar radiculopathy and spondylosis. Treatment to date has included medication and home exercise program (HEP). A progress note dated June 22, 2015 provides the injured worker complains of low back pain described as aggravated the last few days. He reports Gabapentin, Ultram and Nabumetone decrease pain from 10/10 to 6/10. Physical exam notes tenderness on palpation of the lumbar pain with spasm and weakness. The plan includes Gabapentin, Tramadol, Nabumetone, Flexeril, home exercise program (HEP), magnetic resonance imaging (MRI) and Theracare patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. MTUS (Effective July 18, 2009) Page(s): 16-21 of 127.

Decision rationale: Regarding request for Gabapentin (Neurontin), Chronic Pain Medical Treatment Guidelines state that anti-epilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state 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. Within the documentation available for review, the gabapentin is said to help with pain, but there is no identification of any specific analgesic benefit (in terms of percent reduction in pain or reduction of NRS) and no documentation of specific objective functional improvement. Antiepileptic drugs should not be abruptly discontinued but unfortunately there is no provision to modify the current request. As such, the currently requested Gabapentin (Neurontin) is not medically necessary.

MRI for The Lumbar Spine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, MRIs (magnetic resonance imaging).

Decision rationale: Regarding the request for lumbar MRI, CA MTUS does not address repeat MRI. ODG cites that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Within the documentation available for review, there is no identification of any red flags, specific nerve compromise on the neurologic exam, or a significant change in symptoms and/or findings suggestive of significant pathology. In the absence of clarity regarding those issues, the currently requested lumbar MRI is not medically necessary.

Thermacare Patches #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: Regarding the request for a Theracare, Occupational Medicine Practice Guidelines state that various modalities such as heating have insufficient testing to determine their effectiveness, but they may have some value in the short term if used in conjunction with the program of functional restoration. ODG states that heat/cold packs are recommended as an option for acute pain. Within the documentation available for review, and there is no indication that the patient has acute pain. Additionally, it is unclear what program of functional restoration the patient is currently participating in which would be used alongside the currently requested

Theracare or why this type of specialized patch is required rather than simple hot packs as recommended by the guidelines. In the absence of clarity regarding those issues, the currently requested Theracare is not medically necessary.