

<b>Case Number:</b>	CM15-0135270		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	01/21/2015
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	07/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

### 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 38 year old female, who sustained an industrial injury on January 21, 2015. The initial diagnosis and symptoms experienced, by the injured worker, were not included in the documentation. Treatment to date has included physical therapy, home exercise program, MRI, x-rays, urine drug screen and physical therapy. Currently, the injured worker complains of low back pain that radiates down both of her legs (left greater than right) to her foot. The pain is associated with numbness and tingling (left greater than right). She rates her pain at 10 on 10 and is described as constant, dull, sharp, numbness and tingling. The pain is exacerbated by walking and lifting and is improved with medication and rest. She is able to engage in self-care, but is unable to do housekeeping or cleaning. She reports difficulty walking and sleep disturbance. The injured worker is diagnosed with lumbosacral spondylosis, lumbar facet arthropathy and bilateral lumbar radiculitis (left greater than right). Her work status is working with modifications. Physical therapy notes dated February 10, 17, 19, 23 and 25 all in 2015 are difficult to decipher. The injured worker engages in a home exercise program however, documentation of efficacy was not included. The following, physical therapy with TENS unit to the lumbar spine 6 sessions (help alleviate her pain) and Gabapentin 600 mg #90 (alleviate nerve pain) is requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy with TENS, lumbar spine x 6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Physical Therapy.

**Decision rationale:** California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. ODG quantifies its recommendations with 10 visits over 8 weeks for lumbar sprains/strains and 9 visits over 8 weeks for unspecified backache/lumbago. ODG further states that a "six-visit clinical trial" of physical therapy with documented objective and subjective improvements should occur initially before additional sessions are to be warranted. Medical records indicate previous initial trial used but failed to document evidence of improvement. As such, the request for Physical therapy with TENS, lumbar spine x 6 is not medically necessary.

**Gabapentin 600mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Anti-epilepsy drugs (AEDs) for pain, Gabapentin (Neurontin).

**Decision rationale:** The MTUS considers Gabapentin as a first-line treatment for neuropathic pain and effective for the treatment of spinal cord injury, lumbar spinal stenosis, and post op pain. MTUS also recommends a trial of Gabapentin for complex regional pain syndrome. ODG states "recommended Trial Period: One recommendation for an adequate trial with Gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. (Dworkin, 2003) The patient should be asked at each visit as to whether there has been a change in pain or function. Current consensus based treatment algorithms for diabetic neuropathy suggests that if inadequate control of pain is found, a switch to another first-line drug is recommended." Additionally, ODG states that Gabapentin "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." Based on the clinical documentation provided, there is inconsistent evidence of neuropathic type pain or radicular pain on exam or subjectively and MRI with her most recent exam on 7/8/15 being completely normal. As such, without any evidence of neuropathic type pain, the request for Gabapentin 600mg #90 is not medically necessary.