

Case Number:	CM15-0137213		
Date Assigned:	07/27/2015	Date of Injury:	03/11/2014
Decision Date:	08/25/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/15/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 62 year old female, who sustained an industrial injury on March 11, 2014. She reported pain in the cervical, lumbar, and hip area as well as some psychological issues as a result of an assault. The injured worker was diagnosed as having posttraumatic stress disorder and adjustment disorder with anxiety and depressed mood. Treatment to date has included medications, transcutaneous electrical nerve stimulation, acupuncture, exercises, physical therapy, heat application, and cognitive behavioral therapy. On April 27, 2015, symptoms included anxiety and depression secondary to constant physical pain and limited physical functioning. She reported her sleep as being interrupted by pain and her treatment plan included six additional sessions of cognitive behavioral psychology biweekly. On July 6, 2015, Utilization Review non-certified the request for Gabapentin 100 mg #60 and two pairs TENS patches, citing California MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 100mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-epilepsy Drugs Page(s): 18-19.

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

Decision rationale: According to the cited MTUS, antiepilepsy drugs (AEDs), such as gabapentin, are recommended for neuropathic pain treatment. In general, a good response with use of an AED is a 50% reduction in pain, while a moderate response, would reduce pain by about 30%. If neither of the triggers is reached, then generally a switch is made to a different first-line agent, or a combination therapy is used. In the case of this injured worker (IW), she has had no documented reduction in pain or improvement in function specific to the use of gabapentin. Documentation of neuropathic symptoms and improvement in pain and function are critical for continued use of gabapentin in the case of this IW. Therefore, gabapentin 100 mg, #60, is not medically necessary and appropriate.

TENS (transcutaneous electrical nerve stimulation) patch, #2 pairs: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), TENS (transcutaneous electrical nerve stimulation).

Decision rationale: According to the cited MTUS, transcutaneous electrical nerve stimulation (TENS) is not recommended as a primary treatment modality. However, it may be used as a noninvasive conservative adjunct for an evidence-based functional restoration program during a one-month home-based TENS trial. Based on criteria for the use of TENS with chronic intractable pain, the IW has had documentation of pain for at least three months, but other modalities have been tried with success (acupuncture), and documentation for use of TENS, to include symptom relief, has been poorly described in her medical record. In addition, according to the Official Disability Guidelines, TENS is not generally recommended for chronic pain as there is strong evidence that it is not more effective than placebo. Therefore, the request for TENS (transcutaneous electrical nerve stimulation) patch, #2 pairs, is not medically necessary or appropriate.