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| <b>Case Number:</b>   | CM15-0149311 |                              |            |
| <b>Date Assigned:</b> | 08/12/2015   | <b>Date of Injury:</b>       | 07/22/2013 |
| <b>Decision Date:</b> | 09/09/2015   | <b>UR Denial Date:</b>       | 07/13/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/31/2015 |

### 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: 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 injured worker is a 27-year-old female who sustained an industrial injury on August 1, 2012 resulting in low back pain. She was diagnosed with low back pain and regional myofascial pain syndrome. Documented treatment has included home TENS unit with reported poor results, physical therapy with some improvement noted, home exercise, and medication. The injured worker continues to report low back pain with intermittent radiation into her bilateral buttocks. The treating physician's plan of care includes Gabapentin 100 mg, and Kinesio tape 5 cm width. She is not presently working.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 100mg #30 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 Anti-epilepsy drugs Page(s): 18-19.

**Decision rationale:** MTUS Guidelines supports the use of Gabapentin when a neuropathic pain syndrome is present. A successful response is reported to be 30% improvement in pain. This individual is not described or diagnosed to have neuropathic pain. No numbness, tingling, burning or other neuropathic pain characteristics are documented. The diagnosis is myofascial pain which is generally not considered neuropathic in nature and no standard screening tools to document neuropathic pain are found in the records reviewed. This individual had a flare two weeks after stopping the Gabapentin, which does not establish causation. Under these circumstances, the Gabapentin 100mg. #30 with 1 refill is not supported by Guidelines and is not medically necessary.

**Kinesio Tape 5cm Width Purchase:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** Guidelines do not address this issue for the lumbar spine. However, Guidelines strongly support education and self-management for chronic pain and physical therapy is a Guideline supported means to these goals. It is clearly documented that the purpose of the tape is to reinforce proper posture as an aspect of herself management. Use of the tape for this type of purpose is usual and customary care and there are no Guidelines that are contrary for this purpose. The Kinesio Tape 5cm Width Purchase is medically reasonable.