MAXIMUS Federal Services

Case Number:	CM15-0165148		
Date Assigned:	09/02/2015	Date of Injury:	09/09/1996
Decision Date:	10/22/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/24/2015

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: Hawaii, California, Iowa
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 55 year old female who sustained an industrial injury on 9-9-1996. A review of the medical records indicates that the patient is undergoing treatment for lumbar radiculopathy, lumbar sprain strain, lumbago, bilateral sacroiliitis, cervical radiculopathy, cervical herniated disc, cervical spinal stenosis, cervicalgia, and myofascial pain syndrome. Subjective complaints (7/9/2015) include neck, upper/lower extremity, back pain (8/10 pain scale), radiating pin and needles sensation and numbness/weakness to bilateral lower extremities. Subjective complaints (7/24/2015) include stabbing pain to right shoulder at 8/10 pain scale with radiation to right fingers, pain worsens with overheard arm movement, right knee pain with 8/10 pain that worsens with activity. Physical exam (7/9/2015) noted tenderness on palpation to neck, limited cervical range of motion, and normal neurological examination. Physical exam (7/24/2015) reveals normal range of motion to right shoulder, non-tender to palpation, 4/5 strength throughout right shoulder, positive impingement/arm drop/supraspinatus test, 5/5 strength to right wrist, tenderness to right knee on palpation, full ROM and 5/5 strength. Treatment has included injection, physical therapy, acupuncture (9 sessions according to treatment notes dated 6/26/2015), aqua therapy, chiropractic care, and medications (Norco, Flexeril, Naproxen, Topamax, Tramadol, LidoPro, Prilosec, Cymbalta, Pantoprazole, Xanax-for anxiety). The treatment request included CM-1 Gabapentin 10% and 12 acupuncture sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

CM-1, Gabapentin 10%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

Decision rationale: MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate a trial and failure of antidepressants or anticonvulsants. Records do indicate that Xanax has been prescribed, but that the indication is for anxiety. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, MTUS states that topical Gabapentin is "Not recommended." Additionally, MTUS clarifies, "antiepilepsy drugs: There is no evidence for use of any other antiepilepsy drug as a topical product." Given the lack of documented trial/subsequent failure of antidepressants or anticonvulsants and guideline's non-recommendation of topical gabapentin, the request for topical gabapentin does not meet guidelines. As such, the request for CM-1, Gabapentin 10% is not medically necessary.

12 Acupuncture sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Acupuncture.

Decision rationale: MTUS "Acupuncture Medical Treatment Guidelines" clearly state that "acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery." The medical documents did not provide sufficient details regarding patient's increase or decrease in pain medication. Further, there was no evidence to support that this treatment would be utilized as an adjunct to physical rehabilitation or surgical intervention to hasten functional recovery. ODG does not recommend acupuncture for acute low back pain, but "may want to consider a trial of acupuncture for acute LBP if it would facilitate participation in active rehab efforts." The initial trial should "3-4 visits over 2 weeks with evidence of objective functional improvement, total of up to 8-12 visits over 4-6 weeks (Note: The evidence is inconclusive for repeating this procedure beyond an initial short course of therapy.)" In this case and according to the patient records (the note of May 1 2015 and July 9 2015), the patient underwent 9 sessions of acupuncture with only mild relief of her pain/temporary relief for 2 days

and without any report of improvement of activity of daily living or reduction in work restriction. Overall, there was no documentation of functional improvement with the previous 9 acupuncture sessions. The guidelines do not recommend continuing acupuncture without evidence of functional improvement. Therefore, the request 12 Acupuncture sessions is not medically necessary.