MAXIMUS Federal Services

Case Number:	CM15-0168043		
Date Assigned:	09/08/2015	Date of Injury:	07/11/2002
Decision Date:	10/13/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	08/26/2015

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, Hawaii
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 64 year old male who sustained an industrial injury on 07-11-2002. Mechanism of injury was a fall off a truck injuring his lower and upper back. Diagnoses include hip pain, low back pain, lumbar radiculopathy, lumbar facet syndrome and sacroiliac pain. A physician progress note dated 08-05-2015 documents the injured worker has upper and lower back pain that he rates as 10 out of 10 without medications, and 8.5 out of 10 with medications. His quality of sleep is poor. Lumbar range of motion is restricted and painful. There are spasms and tenderness noted along the lumbar paravertebral muscles. Sensation is patchy in distribution. He walks with a global antalgic and slow gait. He is not trying any other therapies for pain relief. He reports increased low back pain with radicular symptoms and progressive lower extremity weakness. A physician progress note dated 05-23-2015 documents that he is having increased weakness in his legs. He has been seen for a lumbar spine evaluation and surgery is not recommended until symptoms worsen. He has been on his current medication regime in greater than 6 months and he has been stable. Function and activities of daily living are improved optimally on current doses of medications. With his current medication regime he can perform household tasks including cooking, cleaning, and self-care. Treatment to date has included diagnostic studies, medications, and use of an H-Wave unit, use of a Transcutaneous Electrical Nerve Stimulation unit, physical therapy, walking, and epidural steroid injections. Current medications include, Neurontin, Lidoderm patch, Ibuprofen, Skelaxin, Actos, Aspirin, Chlorpheniramine, Cozaar, Flucosamine, Glyburide, Hydrochlorothiazide, Hydroxyzine pamoate, Levothyroid, Lovastatin, and Metformin Hcl. On 12-22-2014 a Magnetic Resonance

Imaging of the lumbar spine revealed L4-5 a 9mm paracentral disc extrusion which impinges on the nerve roots in the left lateral recess, and L5-S1 a 6mm disc protrusion without nerve compression. The injured worker has been on Neurontin since at least 02-18-2015. Treatment requested is for Neurontin 300mg QTY: 90.00, and Aqua therapy sessions QTY: 6.00. On 08-18-2015 the UR denied the request for Neurontin 300mg and the aqua therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 300mg QTY: 90.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: The patient presents with pain affecting the low back and hips. The current request is for Neurontin 300mg QTY: 90. The treating physician states in the report dated 8/5/15, Neurontin for neuropathic pain Pt finds it most helpful when he is seated as it reduces the spasms and twitching pains in his back and legs. (51B) The MTUS guidelines state effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. In this case the treating physician has documented that the patient has complaints of paresthesia affecting the lower back and extremities that are improved with Neurontin usage. The current request is medically necessary.

Aqua therapy sessions QTY: 6.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy, Physical Medicine.

Decision rationale: The patient presents with pain affecting the low back and hips. The current request is for Aqua therapy sessions QTY: 6. the treating physician states in the report dated 8/5/15, Requested Treatment: Aqua Therapy 6 sessions. (52B) The MTUS Guidelines state, Recommended as an optional form of exercise therapy, where available, as an alternative to land- based physical therapy. In this case, the treating physician has documented that the patient has had physical therapy prior to this request but did not document how many sessions the patient has completed and if the patient had any functional improvement with physical therapy. The MTUS guidelines only recommend 8-10 sessions of physical therapy. The current request is not medically necessary.