

<b>Case Number:</b>	CM15-0181269		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	05/22/2003
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	08/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2015

### 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: Pennsylvania, Ohio, California  
 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 male, who sustained an industrial injury on 5-22-2003. The injured worker was diagnosed degenerative disc disease of the lumbar spine, status post lumbar fusion, multi-level disc disease and facet arthropathy, chronic pain, left ankle arthralgia. The request for authorization is for: Gabapentin 10 percent cream, massage therapy 2 times a week for 6 weeks, gym membership with pool for aqua therapy to be utilized 3-4 times a week for one year, and Percocet 10-325mg quantity 90. The UR dated 8-31-2015 shows a modified certification of Percocet 10-325mg quantity 90; and non-certified Gabapentin 10 percent cream, massage therapy 2 times a week for 6 weeks, gym membership with pool for aqua therapy to be utilized 3-4 times a week for one year. The records indicate he has been utilizing Percocet since at least November 2012, possibly longer; and anti-epileptics since at least September 2014. On 6-8-2015, he reported low back and left leg pain rated 6 out of 10. He indicated he was taking Percocet 5 times per day with MS Contin 4 times daily. On 6-29-15, he reported low back and left leg pain. He indicated "feeling like the epidural has worn off". He rated his pain 4-5 out of 10 and reported taking MS Contin and MS IR as needed. Physical findings revealed a non-tender low back, decreased range of motion, unable to toe and heel walk and positive straight leg raise testing on the right. The records do not discuss the efficacy of Percocet or Gabapentin. The records do not indicate an inability to perform land based exercises. The treatment and diagnostic testing to date has included: AME (7-30-15), medications, lumbar fusion, physical therapy, chiropractic care, acupuncture, home exercise program, and injections, urine drug screen (7-27-

15) was consistent, magnetic resonance imaging of the lumbar (9-24-14), and lumbar epidural, CURES 6-29-15.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Gabapentin 10% cream:** 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): Topical Analgesics.

**Decision rationale:** MTUS recommends the use of compounded topical analgesics only if there is documentation of the specific proposed analgesic effect and how it will be useful for the specific therapeutic goal required. The records in this case do not provide such a rationale for this topical medication or its ingredients. Moreover Gabapentin is specifically not recommended by the guidelines for topical use. This request is not medically necessary.

**Massage therapy 2 times a week for 6 weeks:** 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): Massage therapy.

**Decision rationale:** MTUS recommends massage for limited indications up to 6 visits in the acute phase of an injury. This treatment is intended as an adjunct to active treatment and to facilitate early functional restoration. Massage is a passive treatment which is not recommended for ongoing or chronic use. The request in this case is not consistent with these guidelines; the request is not medically necessary.

**Gym membership with pool for aqua therapy, to be utilized 3-4 times a week for 1 year:** 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:** MTUS recommends aquatic therapy as an alternative treatment to land-based therapy. The records in this case do not provide a rationale for aquatic as opposed to land-based therapy. Guidelines anticipate that by this time the patient would have transitioned to an independent active exercise program. This request is not medically necessary.

