

Case Number:	CM15-0181387		
Date Assigned:	09/22/2015	Date of Injury:	02/16/2012
Decision Date:	11/03/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	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: 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 40 year old male, who sustained an industrial injury on June 5, 2011. He reported low back pain radiating to the right lower extremity. The injured worker was diagnosed as having clinically consistent lumbar radiculopathy, lumbar facet pain, sacroilitis and lumbar degenerative disc disease. Treatment to date has included diagnostic studies, physical therapy, electrodiagnostic studies, radiographic imaging, medications and work restrictions. Currently, the injured worker continues to report low back pain radiating to the right lower extremity. The injured worker reported an industrial injury in 2011, resulting in the above noted pain. He was without complete resolution of the pain. Evaluation on February 4, 2015, revealed continued pain as noted. He rated his pain at 9 on a 1-10 scale with 10 being the worst. He reported the Tramadol was not helping his pain and requested something stronger. Electrodiagnostic studies on May 5, 2014, were noted as normal without evidence of lumbosacral radiculopathy. Magnetic resonance imaging (MRI) of the lumbar spine on April 18, 2014, was noted to reveal disc herniations with mass effect on the nerve roots within the neural foramen. There was no noted evidence of central canal stenosis. Tylenol #3 was started. Evaluation on February 12, 2015, revealed continued pain rated at 8 on a 1-10 scale with 10 being the worst. Medications including Gabapentin were continued. Evaluation on February 20, 2015, revealed continued pain rated at 8 on a 1-10 scale with 10 being the worst. Medications including Flector patches and Gabapentin were continued. Evaluation on May 6, 2015, revealed continued pain rated at 8 on a 1-10 scale with 10 being the worst. Medications as noted were continued and aquatic therapy was recommended. Evaluation on August 3, 2015, revealed continued pain rated at 7 on a 1-10 scale with 10 being the worst. The RFA included requests for Flector patch 1.3 percent #30, Gabapentin 300mg #60 and Pool therapy for 3-6 months lumbar and was non-certified on the utilization review (UR) on August 18, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg #60: 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): Anti-epilepsy drugs (AEDs).

Decision rationale: The patient presents with persistent low back pain radiating to the right thigh and leg. The current request is for Gabapentin 300mg #60. The treating physician's report dated 07/22/2015 (91B) states, "Combination of current medications are helping for pain and he is requesting refill of his medications." The MTUS Guidelines pages 18 and 19 on gabapentin states that it has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia, and has been considered as first-line treatment for neuropathic pain. MTUS page 60 states that for medications used for chronic pain, efficacy in terms of pain reduction and functional gains must also be documented. Medical records show that the patient was prescribed Gabapentin prior to 05/06/2015. The 07/22/2015 (91B) treatment report noted medication efficacy. In this case, the continued use of Gabapentin is appropriate and is within guidelines. The current request is medically necessary.

Flector patch 1.3 percent #30: 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: The patient presents with persistent low back pain radiating to the right thigh and leg. The current request is for Flector Patch 1.3% #30. The treating physician's report dated 07/22/2015 states, "Combination of current medications are helping for pain and he is requesting refill of his medications." The MTUS Guidelines on topical analgesics page 111 to 113 states that topical NSAIDs are recommended for peripheral joint osteoarthritis/tendinitis-type problems. These medications may be used for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Medical records show that the patient was prescribed Flector patches prior to 5/06/2015. In this case, the MTUS guidelines support Flector patch usage for peripheral joint pain and this request is for lower back pain with radiculopathy. The current request is not medically necessary.

Pool therapy for 3-6 months lumbar: 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 persistent low back pain radiating to the right thigh and leg. The current request is for pool therapy for 3 - 6 months lumbar. The treating physician's report dated 07/22/2015 (91B) states, "I am requesting authorization for pool therapy for three to six months for lumbar flexibility and home exercises." The MTUS Guidelines page 22 recommends aqua therapy as an option for land-based physical therapy in patients that could benefit from decreased weight bearing such as extreme obesity. For the number of treatments, MTUS physical medicine section states that 8 to 10 sessions of physical therapy is indicated for various myalgias and neuralgias. The physical therapy report dated 04/01/2015 (59B) notes."Patient reports that overall, he feels his low back has improved 60-70% since starting physical therapy. Reports more flexibility and less pain with an average of 5/10." In this case, the patient has successfully completed land-based physical therapy with reports of 60-70% improvement. The patient should now be able to transition into a home-based exercise program to improve flexibility and strength. The current request is not medically necessary.