

<b>Case Number:</b>	CM15-0197369		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	03/24/2014
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2015

### 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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

### 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 29 year old male, who sustained an industrial-work injury on 3-24-14. He reported initial complaints of neck and low back pain. The injured worker was diagnosed as having lumbago, lumbar disc protrusion, and lumbar degenerative disc disease. Treatment to date has included medication and physical therapy. Currently, the injured worker complains of back pain and stiffness, left leg pain, and numbness that limit his ability for walking over 25 minutes. Per the primary physician's progress report (PR-2) on 9-15-15, exam noted significant weight gain in 30-40 days (25 pounds), tenderness to palpation to paraspinals muscles, negative straight leg raise, and Spurling's tests. The Request for Authorization requested service to include aquatic therapy C/S and L/S 2x4, gabapentin 300mg #60, tramadol 50mg #60. The Utilization Review on 9-29-15 denied the request for aquatic therapy C/S and L/S 2x4, gabapentin 300mg #60, tramadol 50mg #60, per CA MTUS (California Medical Treatment Utilization Schedule) Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic therapy C/S and L/S 2x4: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

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

**Decision rationale:** Per the cited CA MTUS guidelines, aqua therapy (including swimming) is an optional form of exercise therapy that is recommended when the injured worker needs reduced weight bearing, such as in extreme obesity. Physical medicine guidelines for general muscle pain recommend 9-10 visits over 8 weeks, or in the case of neuralgia, 8-10 visits over 4 weeks. Per the injured worker's available records, there is no indication for the specific need of aqua therapy noted in the treating either physician or physical medicine notes. Therefore, the request for aquatic therapy C/S and L/S 2x4 is not medically necessary.

**Gabapentin 300mg #60:** Upheld

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

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

**Decision rationale:** According to the cited MTUS, antiepilepsy drugs (AEDs), such as gabapentin, are recommended for neuropathic pain treatment. In general, a good response with use of an AED is a 50% reduction in pain, while a moderate response, would reduce pain by about 30%. If neither of the triggers is reached, then generally a switch is made to a different first-line agent, or a combination therapy is used. In the case of this injured worker, he has had no documented reduction in pain on the visual analog scale or improvement in function specific to the use of gabapentin. Documentation of neuropathic symptoms and improvement in pain and function are critical for continued use of gabapentin in the case of this injured worker. Therefore, gabapentin 300mg, #60, is not medically necessary or appropriate.

**Tramadol 50mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids, specific drug list.

**Decision rationale:** The cited CA MTUS guidelines recommend short acting opioids, such as tramadol, for the control of chronic pain, and may be used for osteoarthritis pain that has not responded to first-line medications, such as NSAIDs or acetaminophen. Studies have shown that tramadol specifically decreased pain and symptoms for up to three months, but there is no

recommendation for treatment beyond three months with osteoarthritic symptoms. In the case of nociceptive pain, opioids are the standard of care for moderate to severe pain. Tramadol is not recommended as first-line therapy for neuropathic pain, but may be considered as a second-line treatment. The MTUS also states there should be documentation of the 4 A's, which includes analgesia, adverse side effects, aberrant drug taking behaviors, and activities of daily living. The injured worker's records have not included documentation of the pain with and without medication, no significant adverse effects, past consistent urine drug testing, objective functional improvement, and increased activities of daily living. Of primary importance is an appropriate time frame for follow-up to reassess the 4 A's and the weaning of opioids should be routinely reassessed and initiated as soon as indicated by the treatment guidelines. Therefore, the request for tramadol 50mg, #60, is not medically necessary.