

<b>Case Number:</b>	CM15-0205033		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	11/12/2013
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	10/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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  
 Certification(s)/Specialty: Emergency 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 48 year old female who sustained an industrial injury 11-12-13. A review of the medical records reveals the injured worker is undergoing treatment for chronic low back pain with spondylosis herniated nucleus pulposus, and degenerative disc disease L4-S1 with lumbar radiculopathy. Medical records (08-11-15) reveal the injured worker complains of low back and right buttock pain which is "worse than before." The physical exam (08-11-15) reveals "mild" paraspinal muscle soft tissue pain on palpation and lumbar spine range of motion which was limited by pain. Prior treatment includes a pain injection, pain medications, work restrictions, chiropractic treatments, and physical therapy. The treating provider reports the MRI of the lumbar spine (04-14) revealed L4-S1 disc disease with moderate foraminal stenosis. The original utilization review (10-07-15) non certified the request for an unknown quantity of physical therapy, Gabapentin 300mg, and Norco 10/325.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** The requested Physical Therapy, is not medically necessary. CA MTUS 2009, Chronic Pain Medical Treatment Guidelines, Physical Medicine, Page 98-99, recommend continued physical therapy with documented objective evidence of derived functional improvement. The injured worker has low back and right buttock pain which is "worse than before." The physical exam (08-11-15) reveals "mild" paraspinal muscle soft tissue pain on palpation and lumbar spine range of motion which was limited by pain. Prior treatment includes a pain injection, pain medications, work restrictions, chiropractic treatments, and physical therapy. The treating physician has not documented objective evidence of derived functional improvement from completed physical therapy sessions, nor the medical necessity for additional physical therapy to accomplish a transition to a dynamic home exercise program. The criteria noted above not having been met, Physical Therapy is not medically necessary.

**Gabapentin 300 mg TID:** 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): Antiepilepsy drugs (AEDs).

**Decision rationale:** The requested Gabapentin 300 mg TID, is not medically necessary. Chronic Pain Medical Treatment Guidelines, Anti-Epilepsy drugs, Pages 16-18, 21, note that anti-epilepsy drugs are "Recommended for neuropathic pain due to nerve damage", and "Outcome: A "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction." The injured worker has low back and right buttock pain which is "worse than before." The physical exam (08-11-15) reveals "mild" paraspinal muscle soft tissue pain on palpation and lumbar spine range of motion which was limited by pain. Prior treatment includes a pain injection, pain medications, work restrictions, chiropractic treatments, and physical therapy. The treating physician has not documented the guideline-mandated criteria of percentages of relief to establish the medical necessity for its continued use. The criteria noted above not having been met, Gabapentin 300 mg TID is not medically necessary.

**Norco 10/325 mg daily as needed:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**Decision rationale:** The requested Norco 10/325 mg daily as needed, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has low back and right buttock pain which is "worse than before." The physical exam (08-11-15) reveals "mild" paraspinal muscle soft tissue pain on palpation and lumbar spine range of motion which was limited by pain. Prior treatment includes a pain injection, pain medications, work restrictions, chiropractic treatments, and physical therapy. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 10/325 mg daily as needed is not medically necessary.