

Case Number:	CM15-0206640		
Date Assigned:	10/26/2015	Date of Injury:	08/27/1997
Decision Date:	12/07/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/21/2015

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: Massachusetts

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

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 47 year old female, who sustained an industrial injury on August 27, 1997. The injured worker was diagnosed as having chronic low back pain, lumbar radiculopathy, lumbar herniated nucleus pulposus, lumbar spinal stenosis, opioid induced constipation, and status post lumbar fusion on January 26, 2015 and status post fusion revision on January 28, 2015. Treatment and diagnostic studies to date has included at least 24 sessions of physical therapy, x-ray of the lumbar spine, above noted procedures, laboratory studies, and medication regimen. In a progress notes dated September 21, 2015 and August 26, 2015 the treating physician reports complaints of continued pain to the low back that radiates to the bilateral legs with numbness and tingling. Examination performed on September 21, 2015 and August 26, 2015 was revealing for a slow and antalgic gait and "moderate" tenderness and spasms to the lumbosacral paraspinal muscles with the right greater than the left. The injured worker's medication regimen on September 21, 2015 included Oxycontin (since at least April of 2015), Norco (prescribed since at least May of 2015), Gabapentin (prescribed since at least July of 2015), Hydrochlorothiazide, and Potassium. The treating physician noted on September 21, 2015 that the use of Gabapentin for neuropathic pain did not provide any "improvement" after increasing the Gabapentin and also noted the previous use of the medication Lyrica (start date unknown) did not provide any neuropathic pain relief. The injured worker's pain level on September 21, 2015 was rated a 7 out of 10 on the visual analog scale, but the documentation provided did not indicate the injured worker's pain level as rated on a pain scale prior to use of her medication regimen and after use of her medication regimen to indicate the effects with the

use of the injured worker's medication regimen. Also, the documentation provided did not indicate if the injured worker experienced any functional improvement with use of her medication regimen. The injured worker's medication regimen on August 26, 2015 included Oxycontin, Norco, Valium (since at least May of 2015), and Gabapentin with the injured worker's pain level rated a 5 out of 10 on the visual analog scale, but did not indicate the injured worker's pain level as rated on a pain scale prior to use of her medication regimen and after use of her medication regimen to indicate the effects with the use of the injured worker's medication regimen. Also, the documentation provided did not indicate if the injured worker experienced any functional improvement with use of her medication regimen. The medical records provided did not indicate prior acupuncture performed. On September 21, 2015 the treating physician requested a trial of 8 sessions of acupuncture for non-pharmacologic pain relief to assist with pain to the low back and lumbar radiculopathy. The treating physician also requested the medication of Horizant 600mg with a quantity of 60 for neuropathic pain. On September 29, 2015 the Utilization Review determined the request for acupuncture to be modified and the request for Horizant 600mg to be denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The claimant has a remote history of a work injury in August 1997 and underwent lumbar fusion surgery in January 2015. Post-operative physical therapy was provided. In August 2015 she was making slow but good progress. Opioid medications were being weaned. When seen she was having low back pain and lower extremity numbness and tingling. Her surgeon had no new recommendations. There had been some neuropathic pain relief when taking gabapentin without improvement after increasing the dose from 300 mg to 400 mg. Physical examination findings included appearing in mild to moderate discomfort. There was paraspinal tenderness. Recommendations included 8 acupuncture treatments. Gabapentin was to be weaned followed by a trial of Horizant 600 mg BID. Guidelines recommend acupuncture as an option as an adjunct to physical rehabilitation with up to 6 treatments 1 to 3 times per week with extension of treatment if functional improvement is documented with a frequency of 1 to 3 times per week and optimum duration of 1 to 2 months. In this case, although acupuncture could be an adjunctive treatment for a home exercise program, the number of initial treatments requested is in excess of guideline recommendations. The requested acupuncture treatments were not medically necessary.

Horizant 600mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The claimant has a remote history of a work injury in August 1997 and underwent lumbar fusion surgery in January 2015. Post-operative physical therapy was provided. In August 2015 she was making slow but good progress. Opioid medications were being weaned. When seen she was having low back pain and lower extremity numbness and tingling. Her surgeon had no new recommendations. There had been some neuropathic pain relief when taking gabapentin without improvement after increasing the dose from 300 mg to 400 mg. Physical examination findings included appearing in mild to moderate discomfort. There was paraspinal tenderness. Recommendations included 8 acupuncture treatments. Gabapentin was to be weaned followed by a trial of Horizant 600 mg BID. Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. When used for neuropathic pain, guidelines recommend a dose titration of at least 1200 mg per day. In this case, the claimant's prior gabapentin dosing was less than that recommended without documented adverse side effect. Prescribing Horizant without an adequate trial of gabapentin without evidence of side effects or intolerance of a planned appropriate titration is not medically necessary.