

Case Number:	CM15-0050916		
Date Assigned:	03/24/2015	Date of Injury:	06/18/2012
Decision Date:	06/11/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/17/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 56 year old female, who sustained an industrial injury on 6/16/2012. Diagnoses include post lumbar surgery (8/06/2012 and 4/01/2013) with residuals. Treatment to date has included epidural steroid injection, medications, pain management evaluation and treatment and diagnostics. Per the Primary Treating Physician's Progress Report dated 2/02/2015, the injured worker reported for a follow up evaluation. She is doing well. She is to see [REDACTED] next week. A spinal cord stimulator is being considered. Objective findings included range of motion testing of the lumbar spine revealed flexion 80 degrees, extension 20 degrees, right and left lateral bending 20 degrees and right and left rotation 40 degrees. The plan of care included, and authorization was requested, for transforaminal epidural steroid injection at L4-5 and L5-S1, Norco, Capsaicin cream, Gabapentin and purchase of a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114 - 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines transcutaneous Electrical Nerve Stimulation Page(s): 114-116.

Decision rationale: According to MTUS guidelines, TENS is not recommended as primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. There is no evidence that a functional restoration program is planned for this patient. Furthermore, there is no clear information about a positive one-month trial of TENS. There is no recent documentation of recent flare of her pain. The provider should document how TENS will improve the functional status and the patient's pain condition. Therefore, the prescription of TENS unit is not medically necessary.

Gabapentin 600 mg, ninety count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16 - 17.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49.

Decision rationale: According to MTUS guidelines, "Gabapentin is an anti-epilepsy drug (AEDs also referred to as anti-convulsants), which has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." There was no documentation that the patient is suffering from neuropathic pain including diabetic neuropathic pain or post-herpetic neuralgia condition. Therefore, the prescription of Gabapentin 600 MG #90 is not medically necessary.