

<b>Case Number:</b>	CM15-0080933		
<b>Date Assigned:</b>	05/01/2015	<b>Date of Injury:</b>	07/29/2011
<b>Decision Date:</b>	07/03/2015	<b>UR Denial Date:</b>	04/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 61-year-old female, who sustained an industrial injury on 7/29/2011. She reported back pain from lifting heavy boxes. The injured worker was diagnosed as having chronic pain syndrome, carpal tunnel syndrome, lumbago, and cervicgia. Past medical history included existing depression. Treatment to date has included diagnostics, epidural injections, transcutaneous electrical nerve stimulation unit, physical therapy, acupuncture, and medications. Currently, the injured worker complains of pain in her neck, low back, bilateral legs, and bilateral arms/hands. Pain was rated 6/10 with medication use and 9/10 without. She reported difficulty with activities of daily living and was not working. Current medications included Cymbalta, Amitriptyline, and Gralise. The treatment plan included lumbar sacral corset and continued Gralise (currently taking 1800mg per night). Replacement of worn equipment was requested for cervical pillow, donut cushion, and Philadelphia collar.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Philadelphia collar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 176-177, 300+. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Formulary, Cervical and lumbar spine.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Collars (cervical).

**Decision rationale:** ODG states "Not recommended for neck sprains. Patients diagnosed with WAD (whiplash associated disorders), and other related acute neck disorders may commence normal, pre-injury activities to facilitate recovery. Rest and immobilization using collars are less effective, and not recommended for treating whiplash patients. May be appropriate where post-operative and fracture indications exist. (Verhagen, 2002) (Borchgrevink, 1998) (Gennis, 1996) (Rosenfeld, 2000) (Colorado, 2001) (Gross-Cochrane, 2002) (Verhagen-Cochrane, 2004) (Rodriquez, 2004) A recent high quality study found little difference among conservative whiplash therapies, with some advantage to mobilization over immobilization. The study randomized 458 participants to receive: (1) immobilization of the cervical spine in a semi rigid Philadelphia neck collar worn during all waking hours for 2 weeks, followed by active mobilization, (2) advice in a 1-hour session to act as usual, or (3) an active mobilization program with physical therapy twice weekly for 3 weeks. There were no significant differences noted between the 3 intervention groups. Improvement from baseline to 1-year follow-up was reported by 38% in the collar group, 33% in the act-as-usual group, and 40% in the mobilization group, but the collar group had poor treatment compliance, and poorly compliant participants in the collar group reported a better outcome at 1-year than did others, but the group who were compliant with the neck collar tended to have a poorer outcome. (Kongsted, 2007) Cervical collars are frequently used after surgical procedures and in the emergent setting following suspected trauma to the neck, where it is essential that an appropriately sized brace be selected that properly fits the patient. This study demonstrates how increasing the height of an orthosis provides greater restriction of ROM but may also force the neck into relative extension. Because functional ROM was affected to a lesser degree than full, active cervical motion, any changes in collar height may not be as clinically relevant for other patients such as those who have undergone operations for degenerative disease." (Miller, 2010) Guidelines do not recommend the use of braces for chronic neck pain. The patient is beyond the acute phase of treatment and the treating physician has provided no documentation of instability. As such, the request for Philadelphia collar is not medically necessary.

**Lumbar sacral corsette:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar spine.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (Lumbar and Thoracic), Lumbar Support.

**Decision rationale:** ACOEM states, "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." ODG states, "Not recommended for prevention. Recommended as an option for treatment. See below for indications. Prevention: Not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. (Jellema-Cochrane, 2001) (Van Poppel, 1997) (Linton, 2001) (Assendelft-Cochrane, 2004) (Van Poppel, 2004) (Resnick, 2005) Lumbar supports do not prevent LBP. (Kinkade, 2007) A systematic review on preventing episodes of back problems found strong, consistent evidence that exercise interventions are effective and other interventions not effective, including stress management, shoe inserts, back supports, ergonomic/back education, and reduced lifting programs. (Bigos, 2009) This systematic review concluded that there is moderate evidence that lumbar supports are no more effective than doing nothing in preventing low-back pain. (Van Duijvenbode, 2008)" ODG states for use as a treatment "Treatment: Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option)." The patient is beyond the acute phase of treatment and the treating physician has provided no documentation of spondylolisthesis or documented instability. As such, the request for Lumbar sacral corsette is not medically necessary.

**Donut cushion:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Durable Medical Equipment (DME) and Exercise Equipment and Other Medical Treatment Guidelines Medicare.gov, durable medical equipment.

**Decision rationale:** MTUS and ACOEM are silent regarding the medical necessity of shower chairs. ODG does state regarding durable medical equipment (DME), "Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below" and further details, "Exercise equipment is considered not primarily medical in nature". Medicare details DME as: durable and can withstand repeated use; used for a medical reason; not usually useful to someone who is not sick or injured; appropriate to be used in your home. The request for Donut cushion likely meets the criteria for durability and home use per Medicare classification. The treating physician has provided rationale behind this request. The medical documentation provided indicate this patient has had decrease in pain and increased functional improvement with the use of this equipment in the past. As such, the request for Donut cushion is medically necessary.

**Cervical pillow:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Durable Medical Equipment (DME) and Exercise Equipment and Other Medical Treatment Guidelines Medicare.gov, durable medical equipment.

**Decision rationale:** MTUS and ACOEM are silent regarding the medical necessity of shower chairs. ODG does state regarding durable medical equipment (DME), "Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below" and further details, "Exercise equipment is considered not primarily medical in nature". Medicare details DME as: durable and can withstand repeated use; used for a medical reason; not usually useful to someone who is not sick or injured; appropriate to be used in your home. The request for cervical pillow likely meets the criteria for durability and home use per Medicare classification. The treating physician has provided rationale behind this request. The medical documentation provided indicate this patient has had decrease in pain and increased functional improvement with the use of this equipment in the past. As such, the request for cervical pillow is medically necessary.

**Gralise 600mg #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 51-52.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Anti-epilepsy drugs (AEDs) for pain, Gabapentin (Neurontin).

**Decision rationale:** The MTUS considers Gabapentin as a first-line treatment for neuropathic pain and effective for the treatment of spinal cord injury, lumbar spinal stenosis, and post op pain. MTUS also recommends a trial of Gabapentin for complex regional pain syndrome. ODG states "Recommended Trial Period: One recommendation for an adequate trial with Gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. (Dworkin, 2003) The patient should be asked at each visit as to whether there has been a change in pain or function. Current consensus based treatment algorithms for diabetic neuropathy suggests that if inadequate control of pain is found, a switch to another first-line drug is recommended." Additionally, ODG states that Gabapentin "has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain". Based on the clinical documentation provided, there is evidence of neuropathic type pain or radicular pain on exam and subjectively. The treating physician has provided documentation of functional improvement and decrease in pain with the use of this medication. Gabapentin is recommended as a first-line treatment for neuropathic pain. As such, the request for Gralise 600mg #90 is medically necessary.