

<b>Case Number:</b>	CM14-0183542		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	02/25/2009
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	10/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 78 year-old patient sustained an injury on 2/25/09 while employed by [REDACTED]. Request(s) under consideration include Chiropractic therapy for six sessions in treatment of the low back and Gabapentin 600mg #30 with 3 refills. Diagnoses include Lumbar region Sprain/lumbago. Conservative care has included medications, physical therapy, TENS unit, and modified activities/rest. Report of 8/11/14 from NP-c/for provider noted patient with chronic intermittent low back and leg pain; paresthesias to left lower extremity; has not been doing independent home exercise program; Using Gabapentin; has not been using ice/heat/E-Stim; walks 20 blocks total daily. Exam noted mild antalgic gait favoring left leg; limited range of FF/ext/lateral flexion/ rotation of 45/15/15/25; decrease heel-toe ambulation in left leg with hyperesthesia; motor strength of 5/5 in right a 4/5 left EHL/PF with mildly positive SLR on left leg (no degree specified). Treatment included PT, medications of Gabapentin with 3 refills. Report of 10/20/14 from the provider was essentially identical noting the patient with chronic ongoing lower back and left leg with onset of paresthesias in right lower extremities. The patient has not been doing the independent home exercise program; has resumed Gabapentin effective for paresthesias the Tylenol ES with PRN use of TENS. Exam was unchanged and showed lumbar spine with mild antalgic gait favoring right lower leg; limited range with flex/lateral flexion; rotation of 30/15/15/25 (right); decreased heel-toe ambulation to right leg; upslope right SI joint; hyperesthesia's in left leg; motor strength of 5/5 on right lower extremity and 4/5 on left EHL/PF; negative bilateral SLR. The request(s) for Chiropractic therapy for six sessions in treatment of the low back was modified for four sessions and Gabapentin 600mg #30 with 3 refills was modified for #30 with no refills on 10/28/14 citing guidelines criteria and lack of medical necessity.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic therapy for six sessions in treatment of the low back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic Care, Manual Therapy & Manipulation, Treatment Page(s): 58-60.

**Decision rationale:** This 78 year-old patient sustained an injury on 2/25/09 while employed by [REDACTED]. Request(s) under consideration include Chiropractic therapy for six sessions in treatment of the low back and Gabapentin 600mg #30 with 3 refills. Diagnoses include Lumbar region Sprain/ lumbago. Conservative care has included medications, physical therapy, TENS unit, and modified activities/rest. Report of 8/11/14 from NP-c/for provider noted patient with chronic intermittent low back and leg pain; paresthesias to left lower extremity; has not been doing independent home exercise program; Using Gabapentin; has not been using ice/heat/E-Stim; walks 20 blocks total daily. Exam noted mild antalgic gait favoring left leg; limited range of FF/ext/lateral flexion/ rotation of 45/15/15/25; decrease heel-toe ambulation in left leg with hyperesthesia; motor strength of 5/5 in right a 4/5 left EHL/PF with mildly positive SLR on left leg (no degree specified). Treatment included PT, medications of Gabapentin with 3 refills. Report of 10/20/14 from the provider was essentially identical noting the patient with chronic ongoing lower back and left leg with onset of paresthesias in right lower extremities. The patient has not been doing the independent home exercise program; has resumed Gabapentin effective for paresthesias the Tylenol ES with PRN use of TENS. Exam was unchanged and showed lumbar spine with mild antalgic gait favoring right lower leg; limited range with flex/lateral flexion; rotation of 30/15/15/25 (right); decreased heel-toe ambulation to right leg; upslope right SI joint; hyperesthesia's in left leg; motor strength of 5/5 on right lower extremity and 4/5 on left EHL/PF; negative bilateral SLR. The request(s) for Chiropractic therapy for six sessions in treatment of the low back was modified for four sessions and Gabapentin 600mg #30 with 3 refills was modified for #30 with no refills on 10/28/14. MTUS Guidelines supports chiropractic manipulation for musculoskeletal injury. The intended goal is the achievement of positive musculoskeletal conditions via positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. From records review, it is unclear how many sessions have been completed; however, 4 sessions was recently authorized without demonstrated functional improvement from treatment rendered. There is no report of acute flare-ups, red-flag conditions or new clinical findings to support continued treatment consistent with guidelines criteria. Additionally, there are no documented limitations in ADLs as the patient walks daily, works as a librarian, and is independent in self-care. The Chiropractic therapy for six sessions in treatment of the low back is not medically necessary and appropriate.

**Gabapentin 600mg #30 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-21.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs/Gabapentin Page(s): 18-19.

**Decision rationale:** This 78 year-old patient sustained an injury on 2/25/09 while employed by [REDACTED]. Request(s) under consideration include Chiropractic therapy for six sessions in treatment of the low back and Gabapentin 600mg #30 with 3 refills. Diagnoses include Lumbar region Sprain/ lumbago. Conservative care has included medications, physical therapy, TENS unit, and modified activities/rest. Report of 8/11/14 from NP-c/for provider noted patient with chronic intermittent low back and leg pain; paresthasias to left lower extremity; has not been doing independent home exercise program; Using Gabapentin; has not been using ice/heat/E-Stim; walks 20 blocks total daily. Exam noted mild antalgic gait favoring left leg; limited range of FF/ext/lateral flexion/ rotation of 45/15/15/25; decrease heel-toe ambulation in left leg with hyperesthesia; motor strength of 5/5 in right a 4/5 left EHL/PF with mildly positive SLR on left leg (no degree specified). Treatment included PT, medications of Gabapentin with 3 refills. Report of 10/20/14 from the provider was essentially identical noting the patient with chronic ongoing lower back and left leg with onset of paresthasias in right lower extremities. The patient has not been doing the independent home exercise program; has resumed Gabapentin effective for paresthasias the Tylenol ES with PRN use of TENS. Exam was unchanged and showed lumbar spine with mild antalgic gait favoring right lower leg; limited range with flex/lateral flexion; rotation of 30/15/15/25 (right); decreased heel-toe ambulation to right leg; upslope right SI joint; hyperesthesia's in left leg; motor strength of 5/5 on right lower extremity and 4/5 on left EHL/PF; negative bilateral SLR. The request(s) for Chiropractic therapy for six sessions in treatment of the low back was modified for four sessions and Gabapentin 600mg #30 with 3 refills was modified for #30 with no refills on 10/28/14. Although Neurontin (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; however, submitted reports have not adequately demonstrated the specific symptom relief or functional benefit from treatment already rendered for this chronic 2009 injury. Medical reports have not demonstrated specific neurological deficits or neuropathic pain and medical necessity have not been established. The Gabapentin 600mg #30 with 3 refills is not medically necessary and appropriate.