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| Case Number: | CM13-0059666 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 05/25/2001 |
| Decision Date: | 01/30/2015 | UR Denial Date: | 11/15/2013 |
| Priority: | Standard | Application Received: | 12/02/2013 |

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 Family Practice and is licensed to practice in New Jersey. 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:

The worker is a 67 year old male who was injured on 5/25/2001. He was diagnosed with lower back pain, lumbar disc disorder, lumbosacral spondylosis, lumbar spinal stenosis, and lumbosacral radiculitis. He was treated with medications (including Gabapentin), injections, physical therapy (including home exercises), and lumbar surgery (2001). On 8/8/13, the worker was recommended a TENS unit (approved, but no documented follow-up seen on whether or not he used it before this request). On 9/11/13, the worker reported low back pain level of 7/10 on the pain scale, 3/10 in the neck, 2/10 in the mid-back, and 4/10 in the legs. He was then recommended to increase his Gabapentin from 300 mg three times daily to 400 mg three times daily. Later, on 10/9/13, the worker returned to his treating physician reporting a low back pain level of 10/10 and a 10/10 in his left leg. He was then recommended Baclofen, Gabapentin (no dose or number included), and an "inferential stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

One interferential unit trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118-120.

Decision rationale: The MTUS Chronic Pain Guidelines do not recommend interferential current stimulation (ICS) as an isolated intervention as there is no quality evidence. It may be considered as an adjunct if used in conjunction with recommended treatments, including return to work, exercise, and medications if these have not shown to provide significant improvements in function and pain relief, and has already been applied by the physician or physical therapist with evidence of effectiveness in the patient. Criteria for consideration would include if the patient's pain is ineffectively controlled due to diminished effectiveness of medications, pain is ineffectively controlled with medications due to side effects, if the patient has a history of substance abuse, if the patient has significant pain from postoperative conditions which limits the ability to perform exercise programs or physical therapy treatments, or if the patient was unresponsive to conservative measures (repositioning, heat/ice, etc.). A one month trial may be appropriate if one of these criteria are met as long as there is documented evidence of functional improvement and less pain and evidence of medication reduction during the trial period. Continuation of the ICS may only be continued if this documentation of effectiveness is provided. Also, a jacket for ICS should only be considered for those patients who cannot apply the pads alone or with the help of another available person, and this be documented. In the case of this worker, there was a requested and approved TENS unit, of which there was no evidence of use since after the approval date. The request for an ICS device right after a TENS unit is not clear as there was no explanation found in the documents provided. Although an ICS may be useful for this worker, without a report on the trial of TENS unit being shown first, there is no medical necessity to the ICS at this time. Also, the number of trial days was not included in the request. Therefore, the request is not medically necessary.

Unknown prescription of Gabapentin: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 16-22.

Decision rationale: The MTUS Guidelines state that anti-epilepsy drugs (or anti-convulsants) are recommended as first line therapy for neuropathic pain as long as there is at least a 30% reduction in pain. If less than 30% reduction in pain is observed with use, then switching to another medication or combining with another agent is advised. Documentation of pain relief, improvement in function, and side effects is required for continual use. Preconception counseling is advised for women of childbearing years before use, and this must be documented. In the case of this worker, there was some evidence for warranting a trial of Gabapentin in the first place as he was experiencing neuropathy, although it appeared to not be lumbar radiculopathy based on EMG/NCV results. He had used Gabapentin chronically as well as Lyrica, and at times both with limited benefit as seen from the documents provided for review. Recent to this request, his dose was increased, however, the reported pain was worse with the higher dose, and no report of functional benefit was provided in the notes for review. Also, the request for Gabapentin was incomplete (without dose and number of pills), which is required for approval. Therefore, considering the above, Gabapentin is not medically necessary to continue.

