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| <b>Case Number:</b>   | CM14-0219319 |                              |            |
| <b>Date Assigned:</b> | 01/09/2015   | <b>Date of Injury:</b>       | 02/20/2013 |
| <b>Decision Date:</b> | 03/09/2015   | <b>UR Denial Date:</b>       | 12/12/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/31/2014 |

### 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. 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 reported cumulative trauma due to an ill-fitting chair that was corrected by an ergo specialist. She had been treated with physical therapy, medications and water aerobics and also worked out on a treadmill and stationary bicycle. Past medical history included lumbar herniated discs L4-L5, radiculopathy and urgency, frequency and nocturia. A lumbar spine MRI, dated October 31, 2014 (present in medical record), reveals interval improvement in left L5-S1 paracentral disc extrusion which no longer abuts the traversing left S1 nerve root within the lateral recess. Otherwise, stable mild degenerative disc disease at L4-5 and mild to moderate multilevel facet arthrosis; incidentally noted, absence of the left kidney, probably congenital. An office visit dated November 18, 2014, the injured worker presented for her sixth authorized PTNS (posterior tibial nerve stimulation) treatment for urinary symptoms and noted improvement. She continues on Vesicare bid with good though incomplete results. Examination of the back is within normal limits. Diagnoses included lumbar disc disease, chronic back pain and chronic urgency frequency and nocturia refractory to anticholinergic medication alone. Treatment included continued Vesicare, Continue PTNS treatment every 2-3 months. Physical examination on 9/22/14 revealed normal gait, and normal sensory and motor examination, depressed ankle jerk, pain on SLR at 80, no muscle spasm or tenderness.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurontin 300mg TID then QID for the lumbar spine: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18.

**Decision rationale:** Request: Neurontin 300mg TID then QID for the lumbar spine. According to the CA MTUS Chronic pain guidelines regarding 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". Spinal cord injury: Recommended as a trial for chronic neuropathic pain Lumbar spinal stenosis: Recommended as a trial, with statistically significant improvement found in walking distance, pain with movement, and sensory deficit" This medication appears to be effective in reducing abnormal hypersensitivity (allodynia and hyperalgesia), to have anti-anxiety effects, and may be beneficial as a sleep aid. "Past medical history included lumbar herniated discs L4-L5, radiculopathy and urgency, frequency and nocturia. A lumbar spine MRI, dated October 31, 2014 (present in medical record), reveals left L5-S1 paracentral disc extrusion and absence of the left kidney, probably congenital . NSAIDS would be a relative contraindication in this pt due to a single kidney. Diagnoses included lumbar disc disease, chronic back pain and chronic urgency frequency and nocturia refractory to anticholinergic medication alone. Physical examination on 9/22/14 revealed depressed ankle jerk, pain on SLR at 80. The patient has chronic pain with a neuropathic component. The patient has abnormal objective findings that are consistent with the patient symptoms. Anticonvulsants or antiepileptics like gabapentin / Neurontin are medically appropriate and necessary in this patient. The cited guidelines support the use of Neurontin 300mg TID then QID for the lumbar spine in patients with this clinical situation therefore the request is deemed medically necessary.

**Purchase of P-TENS unit for the lumbar spine: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): page 114.

**Decision rationale:** Request: Purchase of P-TENS unit for the lumbar spine. According the cited guidelines, electrical stimulation (TENS), is "not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness"

Recommendations by types of pain: A home-based treatment trial of one month may be appropriate for neuropathic pain and CRPS II (conditions that have limited published evidence for the use of TENS as noted below), and for CRPS I (with basically no literature to support use). According to the cited guidelines, Criteria for the use of TENS is - There is evidence that other appropriate pain modalities have been tried (including medication) and failed.- A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted". Any evidence of neuropathic pain, CRPS I and CRPS II was not specified in the records provided. The patient has had normal physical examination of the low back. Any significant functional deficits of the left knee that would require Purchase of P-TENS unit for the lumbar spine was not specified in the records provided. Patient has received an unspecified number of PT visits for this injury. Detailed response to previous conservative therapy was not specified in the records provided. In addition a treatment plan including the specific short- and long-term goals of treatment with the TENS unit was not specified in the records provided. The records provided did not specify any recent physical therapy with active PT modalities or a plan to use TENS as an adjunct to a program of evidence-based functional restoration. Any evidence of diminished effectiveness of medications or intolerance to medications or history of substance abuse was not specified in the records provided. The medical necessity of the request for Purchase of P-TENS unit for the lumbar spine is not fully established for this patient.