

Case Number:	CM15-0017131		
Date Assigned:	02/03/2015	Date of Injury:	05/12/1994
Decision Date:	03/30/2015	UR Denial Date:	12/27/2014
Priority:	Standard	Application Received:	01/26/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 66 year old male, who sustained an industrial injury on 5/12/1994. On 1/26/15, the injured worker submitted an application for IMR for review of 8 sessions of physical therapy, and Gabapentin 300mg #60, and Butrans 5mcg patch #4. The treating provider has reported the injured worker complained of "chronic neck and back pain". The diagnoses have included lumbar/lumbosacral disc degeneration, chronic pain, lumbar facet arthropathy, lumbar post laminectomy syndrome, lumbar radiculitis, status post fusion lumbar spine, depression, insomnia, medication related dyspepsia, status post spinal cord stimulator implant. Treatment to date has included physical therapy, mediations, and surgeries, back injections and Radiofrequency Rhizotomy L4-S1 (4/1/14), MRI lumbar (12/17/1998) and most recent CT scan Lumbar (3/17/14). On 12/27/14 Utilization Review non-certified 8 sessions of physical therapy, and Gabapentin 300mg #60, and Butrans 5mcg patch #4. The MTUS and ODG Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 sessions of physical therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy Page(s): 98-99.

Decision rationale: This patient presents with neck pain, low back pain, ongoing occipital headaches, and insomnia associated with ongoing pain per 12/10/14 report. The request is 8 sessions of physical therapy on 12/18/14 for lumbar disc degeneration. The patient is status post Facet Radio-frequency Rhizotomy at lumbar level bilateral L4-S1 dated 04/01/14 with overall improvement. The patient is currently not working per 12/10/14 report. MTUS pages 98,99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." According to utilization review letter dated 12/27/14, the patient previously completed 8 sessions of physical therapy, and an additional 2 sessions were certified on 11/28/14. Per 12/10/14 report, the treater states that the patient has completed 4 weeks of physical therapy and reports improved pain control and functional improvement. Four additional weeks of physical therapy 1-2 times per week is being requested with goal of transition to a home exercise program based on therapist's recommendations. MTUS does not support more than 8-10 sessions of therapy for this type of condition. Given the recent therapy, the requested additional 8 sessions exceeds what is allowed by MTUS for this type of condition. The request IS NOT medically necessary.

Gabapentin 300mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 18-19.

Decision rationale: This patient presents with neck pain, low back pain, ongoing occipital headaches, and insomnia associated with ongoing pain per 12/10/14 report. The request is for GABAPENTIN 300mg #60 on 12/18/14. The request was certified by utilization review letter dated 12/27/14 with modification to GABAPENTIN 300mg #30 for facilitate weaning. The patient is currently not working per 12/10/14 report. The MTUS Guidelines page 18 and 19 has the following regarding Gabapentin, Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and post-therapeutic neuralgia and has been considered a first-line treatment for neuropathic pain." The starting date of Gabapentin is not specified but the utilization review letter dated 12/27/14 states that the patient has been on this medication since at least 2012. Per 11/12/14 report, the pain level is at 4/10 with medications and 7/10 without medications. Per 12/10/14 report, the patient reports the pain level at 6/10 with medications and 8/10 without medications. MTUS requires, "The patient should be asked at each visit as to whether there has been a change in pain or function. Combination therapy is only recommended

if there is no change with first-line therapy, with the recommended change being at least 30%." In this case, the treater is providing documentation of pain reduction with use of medication. It is not known whether or not the pain reduction is in reference to Gabapentin, other medications or for all medications used. The patient does present with post-laminectomy syndrome, a neuropathic condition, and the use of Gabapentin is indicated. The request IS medically necessary.

Butrans 5mcg patch #4: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27. Decision based on Non-MTUS Citation Official disability guidelines pain chapter, Buprenorphine for chronic pain

Decision rationale: This patient presents with neck pain, low back pain, ongoing occipital headaches, and insomnia associated with ongoing pain per 12/10/14 report. The request is for BUTRANS 5mcg patch #4 on 12/18/14. The patient is currently not working per 12/10/14 report. MTUS page 26 and 27 states regarding Buprenorphine as recommended for treatment of opiate addiction. Also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. ODG guide line pain chapter, recommended as an option for treatment of chronic pain (consensus based) in selected patients (not first-line for all patients). The reports provided show that the patient has tried other opioids including Tramadol and Norco in the past. The treater notes that these were discontinued due to adverse effects, and the patient is to try Butrans patch. MTUS does allow the use of Butrans for chronic pain as well as for opiate addiction. Trial of this medication would appear reasonable. The request IS medically necessary.