

Case Number:	CM15-0113138		
Date Assigned:	06/19/2015	Date of Injury:	05/22/2012
Decision Date:	07/22/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/11/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 40-year-old who has filed a claim for chronic low back, knee, and leg pain reportedly associated with an industrial injury of May 22, 2012. In a Utilization Review report dated May 20, 2015, the claims administrator failed to approve requests for electrodiagnostic testing of the bilateral lower extremities and Neurontin. A pain management referral and three sessions of acupuncture were apparently approved, however. In a progress note dated October 23, 2014, the applicant reported ongoing complaints of knee and leg pain reportedly attributed to reflex sympathetic dystrophy. Permanent work restrictions were renewed. Medication selection and medication efficacy were not discussed or detailed. On March 5, 2015, the applicant underwent electrodiagnostic testing to include an EMG-NCS of the left lower extremity, both of which were interpreted as normal and/or negative of either radiculopathy or neuropathy. In an April 21, 2015 progress note, the applicant reported ongoing complaints of low back and left knee pain. The primary treating provider sought electrodiagnostic testing of the bilateral lower extremities, despite the fact that the applicant's symptoms were seemingly confined to the low back and left leg. Neurontin was endorsed, along with acupuncture, pain management referral, and permanent work restrictions. It was not clear whether the request for Neurontin was a first-time request or a renewal request. Neither a neurologic consultation of March 5, 2015 nor an applicant questionnaire of the same date stated whether the applicant was or was not using Neurontin (gabapentin). The applicant did acknowledge on said questionnaire of March 5, 2015 that she was not working and last worked

on May 22, 2012. A historical note of January 21, 2015 suggested that the applicant had weaned off of all pain medications as of that date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral lower extremity EMG/ NCS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines B. CRPS-II (causalgia) Page(s): 37.

Decision rationale: No, the request for electrodiagnostic testing of the bilateral lower extremities is not medically necessary, medically appropriate, or indicated here. The primary suspected diagnosis here was that of complex regional pain syndrome (CRPS) of the left lower extremity. While page 37 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that nerve damage associated with CRPS can be detected by EMG and also notes that pain is not necessarily contained in that distribution, page 37 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that the State of Colorado stipulates that there must be documentation of peripheral nerve injury with pain initially in the distribution of the injured nerve so as to reinforce the diagnosis of CRPS. Here, the applicant's symptoms were confined to the left lower extremity, it was suggested on the April 21, 2015 office visit in question. It was not clear why electrodiagnostic testing of the seemingly asymptomatic right lower extremity was sought as the applicant did not appear to have neuropathic symptoms or neurologic symptoms about that distribution. Moreover, the applicant's treating provider of April 21, 2015 was seemingly unaware that the applicant had undergone electrodiagnostic testing of the left lower extremity one month prior, on March 5, 2015. A clear or compelling rationale for repeat electrodiagnostic testing to include electrodiagnostic testing of the seemingly asymptomatic right upper extremity was not set forth by the attending provider. Therefore, the request is not medically necessary.

Neurontin 300mg one tablet daily: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin, Gabarone™, generic available) Page(s): 19.

Decision rationale: Conversely, the request for Neurontin (gabapentin), an anticonvulsant adjuvant medication, is medically necessary, medically appropriate, and indicated here. The request was framed as a first-time request for gabapentin (Neurontin) on an office visit of April 21, 2015. While the applicant's treating provider did not document her medication list from visit to visit, it was suggested (but not clearly stated) that the applicant had weaned off of all

medications as of a historical progress note of January 21, 2015. Thus, the request for Neurontin (gabapentin), in all likelihood, did in fact represent a first-time request for the same as of the April 21, 2015 office visit at issue. Page 19 of the MTUS Chronic Pain Medical Treatment Guidelines notes that gabapentin is recommended on a trial basis for applicants with suspected CRPS, as was/is apparently present here. Therefore, the first-time request for Neurontin (gabapentin) is medically necessary.