

<b>Case Number:</b>	CM15-0119146		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	03/04/2005
<b>Decision Date:</b>	09/17/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2015

### 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: Emergency 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 injured worker is a 53 year old female who sustained an industrial injury on 03/04/2005 resulting in pain to the low back and neck as a result of a motor vehicle accident. Treatment provided to date has included: physical therapy; injections; medications (Vicodin, Suboxone, tramadol, Cymbalta, Motrin, Vioxx and Mobic); and conservative therapies/care. Diagnostic tests performed include: x-rays (2005 & 2008); CT scan of the pelvis (2013) showing mild degenerative changes involving the hip and sacroiliac joints; MRI of the lumbar spine (2014) showing multilevel lumbar degenerative changes L1-S1 with variable anterior hypertrophy, facet arthropathy, discopathy, and neuroforaminal narrowing; and MRI of the cervical spine (2014) showing subtle progression of multilevel cervical degenerative disc disease with variable discopathy (C2-T1), mild spinal stenosis (C5-C7), and rare neuroforaminal narrowing (left C3-4). Other noted dates of injury documented in the medical record include 1999 and 2001. There were no noted comorbidities. On 01/24/2015, physician progress report noted complaints of acute extremity pain. The pain was rated 5/10 in severity, and was described as pressure and sharp. Additional complaints included decreased range of motion (ROM) and sensation, and tenderness in the extremity. Current medications include Suboxone, gabapentin, and Baclofen. The physical exam revealed restricted and painful ROM in the lumbar spine, positive Kemp's test, positive straight leg raise on the left, restricted and painful ROM in the cervical spine, positive Apley's test, and restricted and painful ROM in the shoulder (side not specified). The provider noted diagnoses of lumbago, neuralgia, neuritis and radiculitis, and sciatica. Plan of care includes chiropractic set, continuation of current medications (gabapentin 300mg three

times daily and Suboxone), epidural steroid injections to the thoracic and lumbar spines, updated MRI, and follow-up in 4-6 weeks. The injured worker's work status was not mentioned. The request for authorization and IMR (independent medical review) includes gabapentin 300mg, and an unknown amount of chiropractic treatments.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Gabapentin 300 mg #1: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy drugs, Pages 16-18 Page(s): 49, 16-21.

**Decision rationale:** The requested Gabapentin 300 mg #1, is not medically necessary. Chronic Pain Medical Treatment Guidelines, Anti-Epilepsy drugs, Pages 16-18, 21, note that anti-epilepsy drugs are "Recommended for neuropathic pain due to nerve damage", and "Outcome: A "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction." The injured worker has acute extremity pain. The pain was rated 5/10 in severity, and was described as pressure and sharp. Additional complaints included decreased range of motion (ROM) and sensation, and tenderness in the extremity. Current medications include Suboxone, gabapentin, and Baclofen. The physical exam revealed restricted and painful ROM in the lumbar spine, positive Kemp's test, positive straight leg raise on the left, restricted and painful ROM in the cervical spine, positive Apley's test, and restricted and painful ROM in the shoulder (side not specified). The provider noted diagnoses of lumbago, neuralgia, neuritis and radiculitis, and sciatica. The treating physician has not documented the guideline-mandated criteria of percentages of relief to establish the medical necessity for its continued use. The criteria noted above not having been met, Gabapentin 300 mg #1 is not medically necessary.

#### **Unknown chiropractic set: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation, Page(s): 58-59.

**Decision rationale:** The requested Unknown chiropractic set, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Manual Therapy and Manipulation, Pages 58-59, recommend continued chiropractic therapy with documented objective evidence of derived functional benefit. The injured worker has acute extremity pain. The pain was rated 5/10 in severity, and was described as pressure and sharp. Additional complaints included decreased range of motion (ROM) and sensation, and tenderness in the extremity. Current medications

include Suboxone, gabapentin, and Baclofen. The physical exam revealed restricted and painful ROM in the lumbar spine, positive Kemp's test, positive straight leg raise on the left, restricted and painful ROM in the cervical spine, positive Apley's test, and restricted and painful ROM in the shoulder (side not specified). The provider noted diagnoses of lumbago, neuralgia, neuritis and radiculitis, and sciatica. The treating physician has not documented the medical necessity for a current trial of 4-6 sessions and then re-evaluation. The criteria noted above not having been met, Unknown chiropractic set is not medically necessary.