

Case Number:	CM15-0119312		
Date Assigned:	06/24/2015	Date of Injury:	09/12/2000
Decision Date:	08/11/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/16/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 50 year old woman sustained an industrial injury on 9/12/2000. The mechanism of injury is not detailed. Diagnoses include chronic pain, lumbosacral intervertebral disc disease, thoracic spine pain, thoracic/lumbosacral radiculitis, and disorders of the sacrum. Treatment has included oral medications. Physician notes dated 11/5/2014 show complaints of lumbar spine pain with lower extremity pain. Recommendations include urine drug screen, Neurontin, Tylenol #3, follow up with specialist regarding worsening right shoulder, and follow up here in two months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Physical therapy eight (8) sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant has a remote history of a work injury occurring in September 2000 and continues to be treated for low back and lower extremity pain. When seen, there was decreased lower extremity strength. Neurontin and Tylenol #3 were being prescribed in November 2014. The claimant is being treated for chronic pain with no new injury. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to determine whether continuation of physical therapy was likely to be effective. The request was not medically necessary.

Tylenol with Codeine #3 300-30mg number ninety (#90): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant has a remote history of a work injury occurring in September 2000 and continues to be treated for low back and lower extremity pain. When seen, there was decreased lower extremity strength. Neurontin and Tylenol #3 were being prescribed in November 2014. Tylenol #3 is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, increased level of function, or improved quality of life. Continued prescribing was not medically necessary.

Neurontin 300mg remaining number ninety (#90): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-18.

Decision rationale: The claimant has a remote history of a work injury occurring in September 2000 and continues to be treated for low back and lower extremity pain. When seen, there was decreased lower extremity strength. Neurontin and Tylenol #3 were being prescribed in November 2014. Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. When used for neuropathic pain, guidelines recommend a dose titration of greater than 1200 mg per day. In this case, the claimant's gabapentin dosing is less than that recommended or likely to be effective. Ongoing prescribing at this dose is not medically necessary.