

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0122478 | | |
| Date Assigned: | 07/06/2015 | Date of Injury: | 09/26/2013 |
| Decision Date: | 08/31/2015 | UR Denial Date: | 06/08/2015 |
| Priority: | Standard | Application Received: | 06/25/2015 |

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: New York

Certification(s)/Specialty: Pediatrics, Internal 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 38-year-old male, with a reported date of injury of 09/26/2013. The mechanism of injury was the moving of boxes that weighed about 35-40 pounds. The injured worker's symptoms at the time of the injury included a sharp pain in the lower back. The diagnoses include right shoulder impingement/bursitis, right shoulder rotator cuff tendinitis, right shoulder biceps tendinitis, facet arthropathy of the lumbar spine, and lumbar disc herniations with neural foraminal narrowing. Treatments and evaluation to date have included chiropractic therapy, psychological treatment, oral medications, acupuncture, physical therapy for the low back and right shoulder, a lumbar corset, and right shoulder cortisone injection. The diagnostic studies to date have included electrodiagnostic studies of the lower extremities, an MRI of the lumbar spine on 05/19/2014, an MRI of the right shoulder on 02/20/2014 and 03/17/2015, and x-rays of the right shoulder on 04/02/2014. The progress report dated 05/12/2015 indicates that the injured worker was there for follow-up of low back pain. He stated that his back pain ranged from 3-7 out of 10. His current back pain was rated 5 out of 10, and his current neck pain was rated 2 out of 10. The injured worker had occasional anxiety and depression due to his persistent pain. He said the medications helped to decrease his pain by about 50% temporarily and allowed him to increase his walking distance by about 15-20 minutes. The injured worker reported some constipation with medications. He also complained of occasional left lower extremity pain, cramping, numbness, and tingling down the left leg to the knee and occasionally to the calf. The neck pain radiated to his bilateral upper arms. The objective findings include facet loading of the lumbar spine bilaterally, mildly antalgic gait, decreased lumbar range of motion, and decreased

sensation at left L4-S1 dermatomes. The injured worker continued to work. He said that his back pain continued to be severe at times at work. The progress report dated 04/28/2015 stated that the injured worker completed twelve sessions of physical therapy for the right shoulder in 03/2015, and wanted additional therapy. He also had previous eight sessions for his shoulder, and reported that the therapy helped to reduce his pain and helped his range of motion during that time by about 30%. There was documentation that the injured worker's pain in the right shoulder was since his date of injury of 05/05/2012 (previous industrial injury). The injured worker's status was temporary partial disability with work restrictions. The medical records provided only one physical therapy report for the right shoulder. The physical therapy initial evaluation report dated 12/09/2014 indicates that the injured worker rated his right shoulder pain 8 out of 10. There was decreased active range of motion, limited mobility of the glenohumeral joint and moderate crepitus with passive range of motion. The treating physician requested Gabapentin 10% and eight physical therapy sessions for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 10%: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that topical analgesics are "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." They are "largely experimental in use with few randomized controlled trials to determine effectiveness or safety." Topical Gabapentin is not recommended by the guidelines, since there is no peer-reviewed literature to support its use. The guidelines indicate, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Therefore, the request for Gabapentin 10% is not medically necessary.

Eight physical therapy sessions for the right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The CA MTUS Chronic Pain Guidelines recommend passive and active therapy. Passive therapy can provide short-term relief during the early phases of pain treatment; control symptoms of pain, inflammation, and swelling; and help improve the rate of healing soft tissue injuries. Active therapy is beneficial for restoring flexibility, strength, endurance, function, range of motion, and can relieve discomfort. The MTUS/ACOEM Guidelines indicate

that there is some medium quality evidence that supports manual physical therapy for calcifying tendinitis of the shoulder. The guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. For myalgia and myositis, 9-10 visits over 8 weeks are recommended; for neuralgia, neuritis, and radiculitis, 8-10 visits over 4 weeks are recommended; and for reflex sympathetic dystrophy (CRPS), 24 visits over 16 weeks are recommended. There was documentation that the injured worker completed twelve physical therapy sessions for the right shoulder in 03/2015. He started therapy on 12/09/2014. The request exceeds guideline recommendations. Therefore, the request for eight physical therapy sessions for the right shoulder is not medically necessary.