

<b>Case Number:</b>	CM15-0129502		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	09/17/2013
<b>Decision Date:</b>	08/13/2015	<b>UR Denial Date:</b>	06/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2015

### 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 39-year-old who has filed a claim for chronic low back and leg pain reportedly associated with an industrial injury of December 17, 2013. In a Utilization Review report dated June 25, 2015, the claims administrator failed to approve requests for acupuncture, Neurontin, and Cymbalta. The claims administrator referenced an RFA form and associated progress note of May 27, 2015 in its determination. The applicant's attorney subsequently appealed. On February 6, 2015, the applicant reported 7/10 low back pain radiating to the right leg. The applicant was off of work and unable to find work following imposition of work restrictions, it was reported. Neurontin, Cymbalta, and Voltaren gel were renewed while lumbar medial branch blocks were proposed. The applicant stated that his pain complaints were exacerbated by lifting, standing, and walking. On June 4, 2015, the applicant had apparently received acupuncture, as suggested on handwritten progress note of June 4, 2015, May 28, 2015 and April 30, 2015, the applicant received acupuncture, it was suggested. On July 8, 2015, the applicant reported ongoing complaints of low back pain, reportedly attributed to issues with facet arthropathy and radiculitis. A TENS unit, Neurontin, Cymbalta, and Voltaren gel were endorsed. The applicant was off of work, it was acknowledged. The applicant had completed 12 sessions of acupuncture. 5/10 pain complaints were noted. The attending provider posited that the applicant's usage of tramadol had been curtailed as a result of previous acupuncture. The attending provider stated that the applicant had developed issues with dizziness with gabapentin. Work restrictions were endorsed. The attending provider acknowledged that the applicant was

still having difficulty with lifting and twisting tasks. On May 27, 2015, the applicant posited that the applicant had difficulty with lifting, working, doing household chores, and sitting.

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

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

**Acupuncture 2 times a week for 3 weeks for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** No, the request for six sessions of acupuncture was not medically necessary, medically appropriate, or indicated here. The request in question represented a renewal or extension request for acupuncture, as the applicant has had 12 prior sessions of acupuncture in 2015 alone. While the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1d acknowledged that acupuncture treatments may be extended if there is evidence of functional improvement as defined in section 9792.20e, in this case, however, there is no clear or compelling evidence of functional improvement as defined in MTUS 9792.20e. The applicant remained dependent on three different medications including Neurontin, Cymbalta and Voltaren gel. The applicant continued to report difficulty performing activities of daily living as basic as sitting, lifting, and performing household chores. The applicant was off of work, it was reported on May 27, 2015 and on July 8, 2015. The attending provider was also intent on pursuing numerous other forms of medical treatment, including medial branch blocks, a TENS unit, etc. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of 12 sessions of acupuncture in 2015 alone. Therefore, the request for additional acupuncture was not medically necessary.

**Gabapentin 600mg #90 with 5 refills:** Upheld

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

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

**Decision rationale:** Similarly, the request for gabapentin, an anticonvulsant adjuvant medication, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants on gabapentin should be asked at "at each visit" as to whether there have been improvements in pain and/or function effected as a result of the same. Here, the applicant had failed to return to work, despite ongoing usage of gabapentin. Ongoing usage of gabapentin failed to curtail the applicant's dependence on other forms of medications and/or medical treatment, including Voltaren gel, a TENS unit, acupuncture, medial branch blocks, etc. All of the foregoing, taken

together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of gabapentin. Therefore, the request was not medically necessary.

**Cymbalta 30mg #30 with 5 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 15.

**Decision rationale:** Similarly, the request for Cymbalta was likewise not medically necessary, medically appropriate, or indicated here. While page 15 of the MTUS Chronic Pain Medical Treatment Guideline does acknowledge that Cymbalta can be employed off label for radiculopathy as was/is present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of efficacy of medication into his choice of recommendations. Here, however, the applicant remained off of work, despite ongoing usage of Cymbalta. Ongoing usage of Cymbalta failed to curtail the applicant's dependence on other forms of medical treatment, including a TENS unit, medial branch blocks, acupuncture, Voltaren gel, etc. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20e. Therefore, the request was not medically necessary.