

Case Number:	CM15-0141355		
Date Assigned:	07/31/2015	Date of Injury:	04/13/1992
Decision Date:	10/30/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/21/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 56 year old male who sustained an industrial injury on 4-13-92. The injured worker was diagnosed as having herniated nucleus pulposus at L5 to S1, facet arthropathy L4 to L5 and L5 to S1, left knee pain status post arthroscopy and meniscectomy, left knee osteoarthritis, and lumbar radiculopathy. Currently, the injured worker reported pain in the back with radiation to the left lower extremity. Previous treatments included home exercise program, injection therapy, transcutaneous electrical nerve stimulation unit, nonsteroidal anti-inflammatory drugs, oral pain medication, acupuncture treatment, chiropractic treatments, and status post arthroscopic surgery left knee. Previous diagnostic studies included a magnetic resonance imaging. The injured work status was noted as working full duty. The injured workers pain level was noted as 3 out of 10. Physical examination was notable for tenderness to palpation over the lumbar spine with noted spasms, decreased sensation to the left L5 and S1 dermatomes to light touch. The plan of care was for Gabapentin cream and 6 acupuncture treatments to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-epilepsy drugs (AEDs), Topical Analgesics.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical anti-epileptics such as Gabapentin are not recommended due to lack of evidence. The claimant was on numerous oral analgesics. Application location and frequency of use was not specified. The topical Gabapentin cream is not medically necessary.

6 acupuncture treatments to the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: "Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Time to produce functional improvement: 3 to 6 treatments. In this case, the claimant already received 24 sessions of acupuncture. Although much benefit is achieved in the 1st 2 months, additional therapy is considered an option and not a medical necessity. The request for 6 additional sessions of acupuncture is not medically necessary.