

<b>Case Number:</b>	CM15-0174492		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	09/14/2014
<b>Decision Date:</b>	10/21/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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: Physical Medicine & Rehabilitation

### 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 47 year old female who sustained an industrial injury on 9-14-14. The diagnosis is noted as back contusion. Previous treatment includes at least 4 of 6 visits of physical therapy completed, Toradol 30mg intramuscular injection 7-23-15, and Naprosyn. An MRI of the lumbar spine dated 7-2-15, denotes the impression as mild lower lumbar spondylosis. In a progress report dated 7-23-15, the physician notes complaint of lower back pain for the last year. Pain is rated at 7 out of 10, radiates to the left foot, is worse with pushing and pulling, and better with resting. Tenderness is noted over the paraspinal muscle bilaterally. Current medication is Naprosyn. Work status is modified work. The assessment-plan is chronic back pain; is awaiting a referral to neurology, orthopedics, and return to physical therapy. In a physical therapy note dated 8-17-15, the therapist reports this is treatment 4 of 6. The initial evaluation was done on 8-5-15. Functional limitations are reported as bending, lifting, driving, standing or walking over 30 minutes. Pain status is 8 out of 10 and percent improved is 10% and progress is noted as fair. The therapist notes the injured worker would continue to benefit from skilled physical therapy continued care 2 times a week for 3-4 weeks. The requested treatment of additional physical therapy 2 times a week for 3 weeks (6 sessions), Gabapentin 300mg quantity of 90, and Naprosyn 500mg quantity of 20 was non-certified on 8-24-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy, 2 times wkly for 3 wks, 6 sessions: 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): Physical Medicine.

**Decision rationale:** The patient presents with pain in the low back radiating to the left foot. The request is for Physical Therapy, 2 times wkly for 3 wks, 6 sessions. Examination to the lumbar spine on 08/05/15 revealed a decrease in range of motion. Straight leg raising test was positive bilaterally. Patient's diagnosis, per 08/07/15 progress report includes back contusion. Patient's medications, per 06/12/15 progress report include Naprosyn. Patient's work status is modified duties. The MTUS Chronic Pain Management Guidelines 2009, pages 98 and 99, Physical Medicine section, has the following: "Recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." The treater has not specifically discussed this request. In progress report dated 02/24/15, it is stated that the patient has completed 12 sessions of physical therapy and her back is not really better. Review of the medical records provided indicates that the patient had 3 additional session of physical therapy, from 08/07/15 through 08/17/15. In this case, the treater has not indicated why additional physical therapy is needed and why the patient has not transitioned into a home based exercise program. Furthermore, the guidelines allow up to 10 sessions of physical therapy and the requested 6 sessions, in addition to prior therapy sessions exceeds what is by the guidelines. Therefore, the request is not medically necessary.

**Gabapentin 300 mg Qty 90: 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): Antiepilepsy drugs (AEDs).

**Decision rationale:** The patient presents with pain in the low back radiating to the left foot. The request is for Gabapentin 300mg Qty 90. Examination to the lumbar spine on 08/05/15 revealed a decrease in range of motion. Straight leg raising test was positive bilaterally. Patient's diagnosis, per 08/07/15 progress report includes back contusion. Patient's medications, per 06/12/15 progress report include Naprosyn. Patient's work status is modified duties. MTUS Chronic Pain Treatment Guidelines 2009, pg 18, 19, Specific Anti-Epilepsy Drugs section states: "Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. The treater has not addressed this request. Review of the medical records provided did not indicate a prior use of this medication and it appears that the treater is initiating this medication.

MTUS guidelines recommend Gabapentin for treatment of diabetic painful neuropathy and neuropathic pain. In this case, there is no documentation or reported neuropathic pain to warrant this request. This request is not in accordance with guideline recommendations and therefore, is not medically necessary.

**Naprosyn 500 mg Qty 20:** 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-inflammatory medications.

**Decision rationale:** The patient presents with pain in the low back radiating to the left foot. The request is for Naprosyn 500mg Qty 20. Examination to the lumbar spine on 08/05/15 revealed a decrease in range of motion. Straight leg raising test was positive bilaterally. Patient's diagnosis, per 08/07/15 progress report includes back contusion. Patient's medications, per 06/12/15 progress report include Naprosyn. Patient's work status is modified duties. MTUS Chronic Pain Medical Treatment Guidelines 2009, page 22, Anti-Inflammatory Medications section states, "Anti-inflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long term use may not be warranted." Treater has not discussed reason for the request. In review of the medical records provided, Naprosyn was prescribed from 03/23/15 through 07/23/15. However, the treater has not discussed how this medication significantly reduces patient's pain and helps with activities of daily living. MTUS page 60 states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. The request does not meet all the criteria listed by MTUS; therefore, it is not medically necessary.