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| Case Number: | CM15-0073818 | | |
| Date Assigned: | 04/23/2015 | Date of Injury: | 09/15/2014 |
| Decision Date: | 05/21/2015 | UR Denial Date: | 04/09/2015 |
| Priority: | Standard | Application Received: | 04/17/2015 |

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, Indiana, New York
Certification(s)/Specialty: 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:

This 58 year old man sustained an industrial injury on 9/15/2014 after being pinned by a car. He received immediate medical attention. Treatment has included oral medications, surgical interventions, and left lower extremity prosthesis. Diagnoses include left above the knee amputation with resultant left lower extremity phantom limb pain. Physician notes, on a doctor's first report of occupational injury or illness form, dated 3/30/2015 show complaints of phantom limb pain and prosthesis digging into his groin. Recommendations include physical therapy, ten-week weight loss program, review of medical records, and Neurontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Gabapentin.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Gabapentin 300 mg #90 is not medically necessary. Gabapentin is recommended for some neuropathic pain conditions in fibromyalgia. Gabapentin is associated with a modest increase in the number of patients experiencing meaningful pain reduction. Gabapentin is an anti-epilepsy drug (AED). Gabapentin is considered a first-line treatment for neuropathic pain. In this case, the injured worker's working diagnoses are status post above the knee amputation left October 10, 2014 with left lower extremity phantom pain. The worker sustained a traumatic amputation of the left leg on September 15, 2014. The first amputation was formed on September 26, 2014. A second supplemental amputation was performed on October 10, 2014. The injured worker was discharged from [REDACTED] on October 17, 2014. On April 2015, the injured worker was fitted for a prosthesis. The injured worker states there were no subsequent referrals for physical therapy, etc. On March 30, 2015, the injured worker presented to a treating orthopedist. Subjectively, the injured worker's primary complaint was left leg phantom pain. The worker was prescribed gabapentin. Gabapentin is anti-epilepsy drug indicated for neuropathic pain. Efficacy of gabapentin for phantom limb pain has not been established and treatment is not clinically indicated. Consequently, absent guideline recommendations with gabapentin for phantom limb pain, gabapentin 300 mg #90 is not medically necessary.

Physical Therapy Three Times A Week For Four Weeks For The Left Leg, Left Knee, Quantity: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Section, Physical Therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy three times per week times four weeks the left leg, left knee (#12) is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are status post above the knee amputation left October 10, 2014 with left lower extremity phantom pain. The worker sustained a traumatic amputation of the left leg on September 15, 2014. The first amputation was formed on September 26, 2014. A second supplemental amputation was performed on October 10, 2014. The injured worker was discharged from [REDACTED] on October 17, 2014. On April 2015, the injured worker was fitted for a prosthesis. The injured worker states there were no subsequent referrals for physical therapy, etc. On March 30, 2015, the injured worker presented to a treating orthopedist. Subjectively, the injured worker's primary complaint was left leg phantom pain. The injured worker was not referred for any physical therapy to date. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). The treating provider requested 12 sessions

of physical therapy. 12 sessions is in excess of the recommended guidelines (six visits clinical trial). Additionally, physical therapy should wait until the prosthesis is properly fit. Consequently, absent compelling clinical documentation to support 12 physical therapy sessions in excess of the recommended guidelines for a six visit clinical trial, physical therapy three times per week times four weeks the left leg, left knee (#12) is not medically necessary.

10 Week ██████ Weight Loss Program, Left Leg, Left Knee: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://emedicine.medscape.com/article/123702-treatment>.

Decision rationale: Pursuant to Medline plus (see attached link), 10 weeks ██████ Weight Loss Program (for the left leg and left knee) is not medically necessary. Treatment of obesity starts with comprehensive lifestyle management (i.e. diet, physical activity, behavioral modification) which should include the following: self-monitoring of caloric intake and physical activity; goal setting; stimulus control; nonfood rewards; and relapse prevention. See attached link for details. In this case, the injured worker's working diagnoses are status post above the knee amputation left October 10, 2014 with left lower extremity phantom pain. The worker sustained a traumatic amputation of the left leg on September 15, 2014. The first amputation was formed on September 26, 2014. A second supplemental amputation was performed on October 10, 2014. The injured worker was discharged from ██████ on October 17, 2014. On April 2015, the injured worker was fitted for a prosthesis. The injured worker states there were no subsequent referrals for physical therapy, etc. On March 30, 2015, the injured worker presented to a treating orthopedist. Subjectively, the injured worker's primary complaint was left leg phantom pain. The treating provider wanted the injured worker in optimal physical condition. There are no weights, heights or BMIs documented throughout the 21 page medical record. Consequently, absent clinical documentation with starting weights, heights and BMIs to determine whether the injured worker is obese, 10 weeks ██████ Weight Loss Program (for the left leg and left knee) is not medically necessary.