

Case Number:	CM15-0091843		
Date Assigned:	05/18/2015	Date of Injury:	09/03/2013
Decision Date:	07/01/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/12/2015

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 25 year old male, who sustained an industrial injury on September 3, 2013. He reported low back pain with radiating pain to the bilateral lower extremities with associated tingling and numbness. The injured worker was diagnosed as having lumbar degenerative disc disease, upper and lower extremity pain and radicular symptoms and myofascial pain. . Treatment to date has included radiographic imaging, diagnostic studies, chiropractic care, acupuncture, home exercise plan, TENS unit, diet plan, thera cane use, medications and work restrictions. Currently, the injured worker complains of continued low back pain with radiating pain, tingling and numbness to the bilateral lower extremities. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. Evaluation on January 2, 2014, revealed continued pain as noted. Chiropractic care was continued. Medications and aqua therapy were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg with 3 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), Gabapentin Page(s): 18-19.

Decision rationale: The patient presents on 05/01/15 with lower back pain which radiates into the left lower extremity. The patient's date of injury is 09/03/13. Patient is status post bilateral lumbar ESI at L5 level on 04/02/14. The request is for Gabapentin 300mg with 3 refills. The RFA is dated 04/03/15. Physical examination dated 05/01/15 reveals tenderness to palpation of the lumbar paraspinal muscles and decreased sensation in the lower extremity. The patient is currently prescribed Gabapentin. Diagnostic imaging was not included. Per 05/01/15 progress note, patient is advised to return to modified work ASAP. MTUS has the following regarding Gabapentin on pg 18, 19: "Gabapentin -Neurontin, Gabarone, generic available- has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." In regard to the continuation of Gabapentin for this patient's neuropathic pain, the request is appropriate. This patient has been prescribed Gabapentin since at least 04/28/14 for lower back pain which radiates into the left lower extremity. The subsequent progress reports document that this medication is effective for controlling the numbness and tingling in the left lower extremity, and per 05/01/15 progress note, Gabapentin "takes the edge off his flare up." Given this patient's neuropathic pain and the established efficacy of this medication, continuation is substantiated. The request IS medically necessary.

Gabapentin 600mg with 3 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), Gabapentin Page(s): 18-19.

Decision rationale: The patient presents on 05/01/15 with lower back pain which radiates into the left lower extremity. The patient's date of injury is 09/03/13. Patient is status post bilateral lumbar ESI at L5 level on 04/02/14. The request is for Gabapentin 600mg with 3 refills. The RFA is dated 04/03/15. Physical examination dated 05/01/15 reveals tenderness to palpation of the lumbar paraspinal muscles and decreased sensation in the lower extremity. The patient is currently prescribed Gabapentin. Diagnostic imaging was not included. Per 05/01/15 progress note, patient is advised to return to modified work ASAP. MTUS has the following regarding Gabapentin on pg 18,19: "Gabapentin -Neurontin, Gabarone, generic available- has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." In regard to the continuation of Gabapentin for this patient's neuropathic pain, the request is appropriate. This patient has been prescribed Gabapentin since at least 04/28/14 for lower back pain which radiates into the left lower extremity. The subsequent progress reports document that this medication is effective for controlling the numbness and tingling in the left lower extremity, and per 05/01/15 progress note,

Gabapentin "takes the edge off his flare up." Given this patient's neuropathic pain and the established efficacy of this medication, continuation is substantiated. The request IS medically necessary.

Trazodone 50mg with 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trazodone. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Insomnia treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-15. Decision based on Non-MTUS Citation Official disability guidelines Pain Chapter, insomnia regarding sedating anti-depressants.

Decision rationale: The patient presents on 05/01/15 with lower back pain which radiates into the left lower extremity. The patient's date of injury is 09/03/13. Patient is status post bilateral lumbar ESI at L5 level on 04/02/14. The request is for Trazodone 50mg with 3 refills. The RFA is dated 04/03/15. Physical examination dated 05/01/15 reveals tenderness to palpation of the lumbar paraspinal muscles and decreased sensation in the lower extremity. The patient is currently prescribed Gabapentin. Diagnostic imaging was not included. Per 05/01/15 progress note, patient is advised to return to modified work ASAP. Regarding anti-depressants, MTUS Guidelines, page 13-15, Chronic Pain Medical Treatment Guidelines: Antidepressants for chronic pain states: "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. MTUS page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. ODG guidelines Pain Chapter, under Insomnia have the following regarding sedating anti-depressants: Sedating antidepressants -e.g., amitriptyline, trazodone, mirtazapine have also been used to treat insomnia; however, there is less evidence to support their use for insomnia, but they may be an option in patients with coexisting depression. In regard to the continuation of Trazodone for this patient's sleep complaint secondary to pain, the request is appropriate. It is unclear how long this patient has been taking Trazodone, however the provider states in the 04/03/15 progress report that it has been effective for improving this patient's sleep. This patient does not have an active diagnosis of depression; however his medical history is significant for a previous suicide attempt - though the exact nature of the attempt is not documented. Given this patient's history and the established efficacy of this medication for this patient's insomnia, continuation is substantiated. The request IS medically necessary.

Referral for aqua therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Physical Medicine Page(s): 22, 98-99.

Decision rationale: The patient presents on 05/01/15 with lower back pain which radiates into the left lower extremity. The patient's date of injury is 09/03/13. Patient is status post bilateral lumbar ESI at L5 level on 04/02/14. The request is for referral for aqua therapy. The RFA is dated 04/03/15. Physical examination dated 05/01/15 reveals tenderness to palpation of the lumbar paraspinal muscles and decreased sensation in the lower extremity. The patient is currently prescribed Gabapentin. Diagnostic imaging was not included. Per 05/01/15 progress note, patient is advised to return to modified work ASAP. MTUS Guidelines, page 22, under Aquatic therapy states: Recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy -including swimming- can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. For recommendations on the number of supervised visits, see Physical medicine. MTUS Guidelines, pages 98-99, under Physical Medicine: Allow for fading of treatment frequency -from up to 3 visits per week to 1 or less-, plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified: 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified, 8-10 visits over 4 weeks. Reflex sympathetic dystrophy: 24 visits over 16 weeks. In regard to the request for an aquatic therapy referral, the provider has not specified a number of sessions to be performed. There is no documentation that this patient has received any aquatic therapy to date. Most recent progress note dated 05/01/15 does not include any of this patient's body dimensions, so it is difficult to establish if this patient is overweight or obese; conditions for which aquatic therapy is generally recommended. Given this patient's lower extremity neuropathy and lower back pain, aquatic therapy could be considered a reasonable therapy. However without an appropriate number of sessions to be performed, the request as written cannot be substantiated. Therefore, this request IS NOT medically necessary.