

Case Number:	CM15-0095685		
Date Assigned:	05/22/2015	Date of Injury:	01/24/2014
Decision Date:	06/24/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/18/2015

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 46-year-old male who sustained an industrial injury on 01/24/14. Initial complaints and diagnoses are not available. Treatments to date include acupuncture and medications. Diagnostic studies are not addressed. Current complaints include all over body unspecified symptoms. Current diagnoses include right knee contusion, left elbow sprain, cervical spine radiculitis, and stress/anxiety/depression. In a progress note dated 04/02/15, the treating provider reports the plan of care as medications including gabapentin, Fexmed and ibuprofen, and additional acupuncture. The requested treatments include gabapentin and additional acupuncture. The injured worker had previously received 6 acupuncture treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg #60: Overturned

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

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

Decision rationale: The patient presents on 04/02/15 with pain rated 3-8/10 "all over body" extending to feet, legs and hands. The patient's date of injury is 01/24/14. Patient has no documented surgical history directed at these complaints. The request is for GABAPENTIN 300MG #60 MODIFIED TO GABAPENTIN 300MG #54. The RFA is dated 04/02/15. Physical examination dated 04/02/15 reveals tenderness to palpation of the cervical spine, and positive axial compression test. The progress note is hand-written, poorly scanned, and largely illegible. The remaining physical findings are unremarkable. The patient is currently prescribed Fexmid, Ibuprofen, and Gabapentin, which was initiated on 04/02/15. Diagnostic imaging was not included. Per 04/02/15 progress note, patient is advised to remain off work for 6 weeks. 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 this case, it appears that this is the initiating prescription of this medication as Gabapentin is not among this patient's prescribed medications in the 02/26/15 or 12/12/14 encounter notes. Utilization review dated 04/29/15 modified this medication to conduct weaning, citing a lack of documented efficacy, even though it was not among this patient's medications previously. This patient presents with neuropathic pain complaints and has not been prescribed this medication before, a trial of Gabapentin is substantiated. The request IS medically necessary.

Acupuncture 1x6 to the cervical spine and left elbow with infrared lamp/medical supplies/kinesio tape, total of 20 visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.1. Acupuncture Page(s): 13.

Decision rationale: The patient presents on 04/02/15 with pain rated 3-8/10 "all over body" extending to feet, legs and hands. The patient's date of injury is 01/24/14. Patient has no documented surgical history directed at these complaints. The request is for ACUPUNCTURE 1X6 TO THE CERVICAL SPINE & LEFT ELBOW W/ INFRARED LAMP / MEDICAL SUPPLIES / KINESIO TAPE, TOTAL OF 20 VISITS. The RFA is dated 04/02/15. Physical examination dated 04/02/15 reveals tenderness to palpation of the cervical spine, and positive axial compression test. The progress note is hand-written, poorly scanned, and largely illegible. The remaining physical findings are unremarkable. The patient is currently prescribed Fexmid, Ibuprofen, and Gabapentin, which was initiated on 04/02/15. Diagnostic imaging was not included. Per 04/02/15 progress note, patient is advised to remain off work for 6 weeks. Chronic Pain Medical Treatment Guidelines, page 13 for acupuncture states: "See Section 9792.24.1 of the California Code of Regulations, Title 8, under the Special Topics section." This section addresses the use of acupuncture for chronic pain in the worker's compensation system in California. The MTUS/Acupuncture Medical Treatment Guidelines (Effective 7/18/09) state that there should be some evidence of functional improvement within the first 3-6 treatments. The guidelines state if there is functional improvement, then the treatment can be extended. In regard to the request for 6 sessions of acupuncture for this patient's chronic pain, the requesting provider has exceeded guideline recommendations. Per UR correspondence dated 03/04/15, this patient has already undergone at least 6 acupuncture treatments to date, though there is no documentation of functional improvements attributed to this therapy. MTUS guidelines specify 3 to 6 treatments initially, with additional acupuncture contingent on improvements; in this case, the treater requests 6 additional treatments for a total of 20. Such an excessive number of

sessions without prior documented efficacy cannot be substantiated. Therefore, the request IS NOT medically necessary.