

<b>Case Number:</b>	CM15-0098874		
<b>Date Assigned:</b>	06/03/2015	<b>Date of Injury:</b>	12/12/2009
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	05/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2015

### 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: 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 38 year old male sustained an industrial injury on 12/12/09. He subsequently reported back and leg pain. Diagnoses include chronic pain syndrome. Treatments to date include MRI and x-ray testing, surgery, injections, physical therapy and prescription pain medications. The injured worker continues to experience low back pain, ankle fracture, shoulder and right lower extremity pain. Upon examination, spasm and tenderness was noted with the full range of motion of the lumbosacral spine. There is decreased range of motion of the bilateral ankles and shoulders with tenderness on the right. Strength and sensation are within normal limits. A request for Neurontin medication, MRI of the lumbar spine and psychology consult was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurontin 600mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-22.

**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, Neurontin (Gabapentin) 600 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 chronic pain syndrome; right ankle pain; status post right ankle fracture; low back pain; possible lumbar discogenic pain; possible lumbar radiculitis; numbness; bilateral shoulder pain; history fractured ribs; and headaches. The documentation from a May 6, 2015 progress note does not show any neuropathic signs or symptoms. There is no clinical indication or rationale for starting Neurontin at this time. Consequently, absent clinical documentation with subjective and objective findings compatible with a neuropathic etiology, Neurontin (Gabapentin) 600 mg #90 is not medically necessary.

**MRI of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 396-297, 303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-5. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, MRI lumbar spine.

**Decision rationale:** Pursuant to the Official Disability Guidelines, MRI of the lumbar spine is not medically necessary. MRIs of the test of choice in patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, it is not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and findings suggestive of significant pathology. Indications (enumerated in the official disability guidelines) for imaging include, but are not limited to, lumbar spine trauma, neurologic deficit; uncomplicated low back pain with red flag; uncomplicated low back pain prior lumbar surgery; etc. ACOEM states unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients not respond to treatment and who would consider surgery an option. See the ODG for details. In this case, the injured worker's working diagnoses are chronic pain syndrome; right ankle pain; status post right ankle fracture; low back pain; possible lumbar discogenic pain; possible lumbar radiculitis; numbness; bilateral shoulder pain; history fractured ribs; and headaches. Documentation from a May 6, 2015 progress note states the injured worker complains of low back pain, pain in the knees and right ankle. Pain score is 5/10 with medications. Objectively, there is tenderness palpation over the lumbar spine paraspinal muscle groups. There are no neurologic findings documented in the medical record. There are no unequivocal objective findings identify specific nerve compromise on neurologic examination. Consequently, absent clinical documentation with

unequivocal objective findings identify specific nerve compromise (neurologically), MRI lumbar spine is not medically necessary.

**Psychology consult:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101 and 102.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, Chapter 7, Page 127.

**Decision rationale:** Pursuant to the ACOEM, psychology consultation is not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates for certain antibiotics require close monitoring. In this case, the injured worker's working diagnoses are chronic pain syndrome; right ankle pain; status post right ankle fracture; low back pain; possible lumbar discogenic pain; possible lumbar radiculitis; numbness; bilateral shoulder pain; history fractured ribs; and headaches. The documentation shows the injured worker has seen a psychiatrist in the past for depression. The psychiatrist manages the injured worker's Abilify and Klonopin. There is no clinical rationale for a psychology consultation when the injured worker is already under the care of a psychiatrist who prescribes medications for depression. Additionally, there are no progress notes a prior psychology treatment in the medical record. Consequently, absent clinical documentation with prior documentation of psychology management and ongoing psychiatric care for medications (for depression), psychology consultation is not medically necessary.