

Case Number:	CM15-0098894		
Date Assigned:	06/01/2015	Date of Injury:	05/12/2000
Decision Date:	07/07/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	05/22/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The applicant is a represented 47-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of May 12, 2000. In a Utilization Review report dated May 13, 2015, the claims administrator failed to approve requests for gabapentin (Neurontin) and 12 sessions of physical therapy. The claims administrator referenced a RFA form dated April 21, 2015 and an associated progress note of the same date in its determination. The applicant's attorney subsequently appealed. In a questionnaire dated April 21, 2015, the applicant stated that she was generally worse. Preprinted checkboxes were, by and large, employed. The applicant nevertheless maintained that her unspecified medications were beneficial. In a progress note dated April 21, 2015, the applicant reported ongoing complaints of low back pain, highly variable, 4-7/10. The applicant was using Norco and Neurontin, it was reported. The applicant had received various treatments over the course of the claim, including at least 16 sessions of physical therapy, epidural steroid injection therapy, manipulative therapy, and acupuncture, it was reported. The applicant was on Neurontin, Norco, Relafen, Flexeril, and topical Medrox patches, it was reported. Multiple medications were renewed. Twelve sessions of physical therapy and laboratory testing were sought. The applicant's work status was not detailed. The applicant maintained that prolonged sitting, standing, and walking remained problematic. In an applicant questionnaire dated April 1, 2015, the applicant acknowledged that she was unchanged, had difficulty with sitting, standing, walking, and sleeping tasks, was off of work, and had last worked in the calendar year 2000.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin, Weaning, Anti-epilepsy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin, Gabarone TM, generic available) Page(s): 19.

Decision rationale: No, the request for Gabapentin (Neurontin), an anticonvulsant adjuvant medication, was not medically necessary, medically appropriate, or indicated here. As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants using Gabapentin should be asked at each visit as to whether there have been improvements in pain and/or function effected as a result of the same. Here, however, the applicant was off of work, it was acknowledged on a questionnaire dated April 1, 2015. The applicant had not worked in over 15 calendar years, it was suggested. Activities of daily living as basic as sitting, standing, and walking remained problematic, the applicant acknowledged. Ongoing use of Gabapentin failed to curtail the applicant's dependence on opioid agents such as Norco, which the applicant was using at a rate of thrice daily, the treating provider reported on April 21, 2015. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing use of Gabapentin. Therefore, the request was not medically necessary.

12 physical therapy sessions: 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): 99.

Decision rationale: Similarly, the request for 12 sessions of physical therapy was likewise medically necessary, medically appropriate, or indicated here. The 12-session course of physical therapy at issue, in and of itself, represents treatment in excess of the 8- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for radiculitis, the diagnosis reportedly present here. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant was off of work and had not worked in some 15 years. Activities of daily living as basic as sitting, standing, and walking remained problematic, the applicant acknowledged. Receipt of extensive prior physical therapy had failed to curtail the applicant's dependence on opioid agents such as Norco, it was acknowledged on April 21, 2015. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier unspecified amounts of physical therapy over the course of the claim. Therefore, the request for additional physical therapy was not medically necessary.

