

Case Number:	CM13-0006350		
Date Assigned:	10/11/2013	Date of Injury:	06/13/2007
Decision Date:	02/05/2014	UR Denial Date:	07/17/2013
Priority:	Standard	Application Received:	08/02/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a Fellowship training in Cardiovascular Disease, and is licensed to practice in Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 53-year-old male who sustained a work related injury on 05/10/2007. Subjectively, the patient reported complaints of neck, back, right leg, and hip pain. The patient rated his pain 7/10 to 9/10. The patient's medications included tramadol 4 times a day. Objective findings revealed tenderness, weakness of the bilateral upper extremities, decreased range of motion, a positive compression test, a positive Spurling's test, and a positive sitting straight leg raise. Neurologically, the patient's deep tendon reflexes were intact, sensation was normal, and weakness was noted to the cervical spine. The patient was noted to have diminished sensation on the right L4-S1 and decreased right lower extremity strength. The patient's diagnoses included multilevel disc protrusion, facet arthropathy, cervicalgia, and radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin USP #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Gabapentin.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-19.

Decision rationale: CA MTUS Guidelines state that "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." The clinical information submitted for review lacks objective documentation of evidence to support a neuropathic pain pathology. The clinical provided indicated the patient had radiculopathy without neurological deficit. Given the lack of documentation submitted for review to support a diagnosis of neuropathy, the request cannot be validated. As such, the request for Gabapentin USP #60 is non-certified.

Ultram (Tramadol HCL/APAP) #100: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

Decision rationale: CA MTUS Guidelines state that opioid use for "chronic back pain appears to be efficacious but limited for short term pain relief, and long term efficacy is unclear (>16 weeks), but also appears limited." Additionally, "opioids have been suggested for neuropathic pain that has not responded to first line recommendations." The clinical provided lacks documentation of duration of use of the medication or medication efficacy. More over, there are no objective findings suggestive of neuropathy to further warrant the use of the requested medication. As such, the request for Ultram (Tramadol HCL/APAP) #100 is non-certified.