

Case Number:	CM13-0022552		
Date Assigned:	03/14/2014	Date of Injury:	03/25/2010
Decision Date:	05/28/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/10/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/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:

This patient is status post an injury on 3/11/08 and 3/26/10. The patient has been diagnosed with cervical strain with extrusion C5-6, left elbow contusion, and a lumbar strain. A 7/24/14 progress note indicates that the patient complains of neck and back pain. The patient has taking Tramadol and Vimovo. The note states that the meds decrease pain and allow for activity and work duties. Trial of Gralise was recommended. 8//26/13 note indicates that the patient has been taking medications (Tramadol, Gralise, and Vimovo) with no side effects. The medications decrease pain and allow for increased activity. There is documentation of a previous 9/3/13 adverse determination. The Gralise was not recommended based on lack of information regarding efficacy. The Tramadol was not recommended based on the fact that there was little information regarding efficacy and multiple treatments were attempted simultaneously. There is also documentation of a 9/27/13 adverse determination for Tramadol due to lack of documentation of functional/vocational benefit with ongoing use, signed opiate agreement.

IMR ISSUES, DECISIONS AND RATIONALES

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

GRALISE 300MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AEDs
Page(s): 16-17.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines states that Gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. This patient has neuropathic type pain with radiation. However, there are no measured parameters of efficacy to demonstrate that this medication is effective. There is no clear description outlining the ways in which the medication has imparted a functional benefit. The request for Gralise 300mg #90 is not medically necessary and appropriate.

TRAMADOL 50MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS,
Page(s): 79-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, the records do not clearly describe quantitative measures of efficacy including improvement in VAS scores. There is no description of the functional benefit derived from the narcotic medications. The records contain inadequate documentation of proper adherence to CA MTUS standards for opiate monitoring and compliance checks. Therefore, the request for Tramadol 50mg #60 is not medically necessary and appropriate.