

Case Number:	CM13-0026436		
Date Assigned:	11/22/2013	Date of Injury:	09/07/2009
Decision Date:	05/21/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/19/2013

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 Neurology, has a subspecialty in Neuromuscular Medicine 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:

The claimant is a 44 year old woman who sustained a work-related injury on September 07, 2009. She subsequently developed a chronic neck, shoulders, lower back, and right leg and foot pain, headaches and intermittent numbness and tingling. According to the note dated on August 27, 2013, the patient was complaining of low back pain with spasm and numbness and tingling. Physical examination demonstrated muscle spasm, motion loss, and tightness in her neck and low back. The patient was diagnosed with the chronic back pain, chronic neck pain and left shoulder pain. The provider requested authorization to use the medications listed below.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR TRAMADOL ER 150 MG #30 WITH A DATE OF SERVICE OF 8/27/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Section Page(s): 113.

Decision rationale: According to MTUS guidelines, Ultram (Tramadol) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. Although,

Ultram may be needed to help with the patient pain, there is no clear evidence of objective and recent functional and pain improvement from previous use of narcotics. There is no objective documentation of pain severity level to justify the use of narcotics in this patient. There no clear documentation of the efficacy/safety of previous use of opioids. There is no recent evidence of objective monitoring of compliance of the patient with his medications. Therefore, the prescription of Tramadol ER 150 mg #30 (DOS 8/27/13) is not medically necessary at this time.

TRAMADOL ER 150 MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Section Page(s): 113.

Decision rationale: According to MTUS guidelines, Ultram is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. Although, Ultram may be needed to help with the patient pain, it may not help with the weaning process from opioids. Ultram could be used if exacerbation of pain after or during the weaning process. There no clear and recent documentation of recent pain intensity or the recent use of first line pain medications. Therefore Tramadol ER 150mg, #30 is not medically necessary at this time.

GABAPENTIN 600 MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section Page(s): 113.

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no clear evidence that the patient developed neuropathic pain. There is no documentation of failure or intolerance of NSAID or oral first line medications for the treatment of pain. There is no justification for the use of Gabapentin. There is no documentation of the efficacy of previous use of Gabapentin. Therefore, the prospective request for Gabapentin 600mg #90 is not medically necessary.

WELLBUTRIN 150 MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Bupropion Section Page(s): 16.

Decision rationale: According to MTUS guidelines, Wellbutrin showed some efficacy in the treatment of neuropathic pain. However there is no evidence of its effectiveness in chronic neck and back pain. The patient depression and stress are related to her pain condition and not a primary psychiatric problem. Better control of her pain may resolve the stress and the depression. Based on the above, the prescription of Wellbutrin 150mg, #60 is not medically necessary.

DICLOFENAC 100 MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Section Page(s): 107.

Decision rationale: Diclofenac is a nonsteroidal anti-inflammatory drug (NSAID). Diclofenac is used to treat a migraine headache attacks, with or without aura, in adults 18 years of age and older. It is not used to prevent migraine headaches. It is not used to treat a cluster headache. It is used for osteoarthritis pain. There is no clear documentation that the patient has migraine headaches. The developed cervical and lumbar tenderness and pain that may be relates to inflammatory osteoarthritis. However, Diclofenac was prescribed and approved on 8/272013. A supplementary prescription of the Diclofenac is not medically necessary without periodic documentation of its safety and efficacy. Therefore, the prescription of Diclofenac 100mg #30 is not medically necessary.