MAXIMUS Federal Services

Case Number:	CM13-0029171		
Date Assigned:	11/01/2013	Date of Injury:	07/14/2003
Decision Date:	09/05/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	09/24/2013

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 Family Practice 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 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 current request is not supported. The clinical notes document the patient treatments for his chronic pain complaints under the care of the treating physician. The provider documents the patient presents for treatment of cervicalgia, post-laminectomy syndrome about the lumbar spine, lumbar radiculitis, and lumbar disc protrusion. The patient's medication regimen includes Cyclobenzaprine, Omeprazole, Norco, gabapentin, and Percocet. The review of the clinical evidence submitted evidences the patient undergoes qualitative drug screens on a regular basis under the care of the treating physician every 4 to 6 weeks. The California MTUS does indicate drug screening is recommended as an option, using a urine drug screen to assess for the use of presence of illegal drugs, as well as steps to avoid misuse/addiction; however, as the clinical notes lack evidence of the patient presenting with any aberrant drug behaviors or noncompliance with the medication regimen, or inconsistency of previous urine drug screens, the request for urine drug test is not medically necessary or appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF TRAMADOL 50MG, #60 WITH 3 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The California MTUS guidelines recommend patients utilizing opioid medication should obtain prescriptions from a single practitioner, medications should be taken as directed, and all prescriptions should come from a single pharmacy. The providers should prescribe the lowest possible dose in order to improve pain and function. The provider should conduct ongoing review with documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include, current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. The satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Within the provided documentation, the requesting physician did not include an adequate assessment of the patient's pain including current pain, the least reported pain over the period since the last assessment, average pain, and intensity of pain after taking the opioid; how long it takes for pain relief, and how long pain relief lasts. Additionally, within the provided documentation, the requesting physician did not include adequate documentation of significant objective functional improvement with the use of the medication. Therefore, the request for a prescription of Tramadol 50 mg, #60 with three (3) refills is neither medically necessary nor appropriate.

PRESCRIPTION OF GABAPENTIN 300MG, #100 WITH 3 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) & Gabapentin (Neurontin) Page(s): 16-22; 49.

Decision rationale: The California MTUS guidelines note Gabapentin is an anti-epilepsy drug (AEDs - also referred to as anti-convulsants), which 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 guidelines recommend Gabapentin for patients with spinal cord injury as a trial for chronic neuropathic pain that is associated with this condition. The guidelines also recommend a trial of Gabapentin for patients with fibromyalgia and patients with lumbar spinal stenosis. Within the provided documentation, it did not appear the patient had diagnoses that would indicate the patient's need for the medication at this time. Additionally, the requesting physician did not include adequate documentation of significant objective functional improvement with the use of the medication. Therefore, the request for a prescription of Gabapentin 300mg, #100 with 3 refills is neither medically necessary nor appropriate.