

Case Number:	CM13-0037577		
Date Assigned:	01/29/2014	Date of Injury:	07/15/2010
Decision Date:	04/23/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/23/2013

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 and Rehabilitation; Pain Management has a subspecialty in Interventional Spine 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 patient is a 59-year-old female with a date of injury of 07/15/2010. The listed diagnoses per [REDACTED] are: 1. Cervical spine sprain/strain with MRI finding of disk disease at C5-C6, C6-C7, and annular tear at C4-C5. 2. Lumbar spine multilevel disk protrusions. 3. Lumbar facet arthropathy. 4. Bilateral knee internal derangement. 5. History of rheumatoid arthritis. 6. Uncontrolled diabetes. According to report dated 09/17/2013 by [REDACTED], the patient presents for a reevaluation of her cervical spine, lumbar spine, and her bilateral knees. She states her pain is worse due to increase of numbness and tingling in her legs. The patient states that pain medication does help her, but it makes her sleepy and she is not doing any structured formal physical therapy. The patient is requesting refill of tramadol and gabapentin. Physical examination states "She is in a wheelchair. She is unable to do any significant range of motion." The patient was noted to have some tenderness over the lower spine with decreased range of motion. The patient's knees revealed parapatellar tenderness as she is not able to flex or extend with active movement, but she does have passive extension at 0 degrees and passive flexion at 90 degrees. With regards to her lumbar spine, the treater was not able to do exam as the patient is wheelchair-bound.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR GABAPENTIN 300MG #90 WITH 2 REFILLS PRESCRIBED ON 9/17/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-EPILEPSY DRUGS (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18,19.

Decision rationale: This patient presents with cervical spine, lumbar spine, and bilateral knee pain. The treater is requesting retrospective of gabapentin 300 mg #90 with 2 refills. The MTUS Guidelines page 18 and 19 has the following regarding Gabapentin, "Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and post-therapeutic neuralgia and has been considered a first-line treatment for neuropathic pain." In this case, as medical records document numbness and tingling in the legs and the patient has uncontrolled diabetes. The patient may very well benefit from this medication. However, the treater does not provide any documentation as to how the medication is tolerated and beneficial for the patient's symptoms. MTUS requires, "The patient should be asked at each visit as to whether there has been a change in pain or function... Combination therapy is only recommended if there is no change with first-line therapy, with the recommended change being at least 30%." In this case the patient has been prescribed Gabapentin since 03/19/2013. Subsequent reports dated 05/21/2013 and 09/17/2013 have no discussions on the efficacy of this medication. Given the lack of appropriate assessment, the request is not certified.

RETROSPECTIVE REQUEST FOR TRAMADOL 50MG #90 WITH 2 REFILLS PRESCRIBED ON 9/17/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60,61.

Decision rationale: This patient presents with cervical spine, lumbar spine, and bilateral knee pain. The treater is requesting a retrospective tramadol 50 mg #90 with 2 refills. For chronic opiate use, MTUS Guidelines page 88 and 89 require functioning documentation using a numerical scale or validated instrument at least one every six months, documentation of the 4 A's (analgesia, ADLs, adverse side effects, adverse behavior) is required. Furthermore, under outcome measure, it also recommends documentation of chronic pain, average pain, least pain, the time it takes for medication to work, duration of pain relief with medication, etc. A review of the medical reports dating from 03/19/2013 to 09/17/2013 indicate that the patient was first prescribed tramadol on 03/19/2013 after discontinuing Norco due to side effects. Subsequent report dated 05/21/2013 and 09/17/2013 provides no discussions regarding how tramadol has been helpful in terms of decreased pain or functional improvement. In addition, the treater does not use any numerical scales to assess patient's pain and function as required by MTUS. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be weaned as outlined in MTUS Guidelines. The request is not certified.

