

Case Number:	CM13-0062313		
Date Assigned:	12/30/2013	Date of Injury:	11/23/2001
Decision Date:	04/11/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/06/2013

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, has a subspecialty in Pain Medicine 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 patient is a 63-year-old male who reported an injury on 11/23/2001. The mechanism of injury was noted to be lifting. The patient is diagnosed with lumbar facet syndrome, post-lumbar laminectomy syndrome, lumbar degenerative disc disease, and low back pain. His symptoms are noted to include lower back pain. His medications are listed as Lidoderm 5% 12 hours per day as needed, Arthrotek 50 mg twice a day as needed, Zanaflex 4 mg twice a day as needed, Ultram 50 mg daily as needed, and gabapentin 300 mg daily. His most recent office note provided, dated 11/18/2013, indicated the patient as taking the medications as prescribed, he reported the medications were effective, and he denied side effects. Specifically, it was noted that his gabapentin helped the tingling and numbness in his left leg, improves his ambulation, and reduces sciatic pain significantly. In regard to tramadol, it was noted that his ability to perform his activities of daily living and simple house tasks improved with use of this medication and his pain is reduced from 8-9/10 to 4/10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg, #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 18-19.

Decision rationale: The Expert Reviewer's decision rationale: According to the California MTUS Guidelines, gabapentin has been shown to be effective for the treatment of neuropathic pain and is considered a first-line medication. Guidelines further state that the management of patients taking gabapentin should include documentation at each visit as to whether there has been a change in pain or function. The clinical information submitted for review indicates the patient has positive effect with use of gabapentin, including decreased neuropathic pain in his left leg, as well as increased function. The documentation did not show any signs of adverse effects. Therefore, continued use of gabapentin is supported.

Ultram 50mg, #30: Overturned

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, On-going Management Page(s): 78.

Decision rationale: The Expert Reviewer's decision rationale: According to California MTUS Guidelines, the ongoing management of patients taking opioid medications should include detailed documentation of pain relief, functional status, and the "4 As" for ongoing monitoring (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The clinical information submitted for review indicates the patient does have positive pain relief with use of Ultram. He is also reported to have increased function and ability to complete his activities of daily living and to be more active. The documentation did not show any signs of adverse side effects or aberrant drug-taking behaviors. Therefore, the ongoing use of Ultram is supported by evidence-based guidelines. As such, the request is certified.