

Case Number:	CM13-0067304		
Date Assigned:	03/21/2014	Date of Injury:	02/04/2009
Decision Date:	05/27/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/17/2013

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 Anesthesiology has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 was injured on 2/4/2009. The diagnoses listed are lumbar radiculopathy, carpal tunnel syndrome, morbid obesity with status post lap band and status post lumbar laminectomy. The patient had completed physical therapy and epidural injections. The medications listed are fentanyl patch, hydrocodone/APAP and Neurontin for pain. On 3/4/2014, [REDACTED] documented subjective complaints of increasing low back pain, numbness, lower extremity weakness and associated bladder incontinence. The patient reported daytime sedation when the dose of gabapentin was titrated up. The gabapentin have been in use for more than 1 year. The pain was reported as burning and electrical shock- like in character. A Utilization Review was rendered on 12/10/2013 recommending non certification for Toradol injections and liquid Neurontin 300mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIQUID NEURONTIN 300 MG TID: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-22.

Decision rationale: The CA MTUS recommend anticonvulsants as first line medications in the treatment of neuropathic pain. The 3/4/2014 clinic visit note from [REDACTED] indicated that the chronic pain had neuropathic characteristic by subjective complaints of burning, numbness, tingling and electric shock- like in character. Attempts to titrate the dosage of gabapentin up failed due to side effects of daytime sedation. The patient reported decrease in pain scores and increase in ADL due to the use of the pain medications. The patient had met the criteria for the use of anticonvulsants to treat her neuropathic pain syndrome. Second line anticonvulsant medications with less sedating properties should be considered.

TORADOL INJECTIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72.

Decision rationale: The CA MTUS addressed the use of NSAIDs in the treatment of chronic musculoskeletal pain. Toradol is an injectable NSAID that can be utilized to treat severe acute musculoskeletal pain. The chronic use of NSAIDs can be associated with cardiovascular, renal, gastrointestinal and bleeding complications. It is recommended that the use of oral NSAIDs be limited to the lowest effective dose for the shortest periods during periods of exacerbation of chronic musculoskeletal pain. The guideline does not recommend the use of Toradol injections for the management of chronic musculoskeletal pain. Parenteral use of Toradol is associated with increased incidence of bleeding complication.