

Case Number:	CM14-0100687		
Date Assigned:	09/16/2014	Date of Injury:	07/23/2010
Decision Date:	10/22/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	06/30/2014

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 Occupational 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 patient is a 52 year old male who was injured on 07/23/2010. The mechanism of injury is unknown. The patient underwent left L4-5, Left L5-s1 transforaminal cannulation lumbar epidural space on 03/04/2014 with minimal benefit. Prior treatment history has included 6 acupuncture treatments, 20 chiropractic treatments and 26 physical therapy sessions. The patient was seen on 05/13/2014 with complaints of pain of the lumbar spine radiating to left lower extremity. She reported right thigh burning and rated the pain as 7/10. She also reported severe pain in the right buttock. She was diagnosed with lumbar spine disc bulge with bilaterally radiculopathy. She was prescribed omeprazole, Gabapentin, and topical analgesic cream. Pain management note dated 06/25/2014 states the patient presented with spasm in the bilateral paraspinous musculature with tenderness on palpation. Her lumbar spine range of motion revealed decreased flexion limited to 70 degrees due to pain; extension limited to 10 degrees; bending on the left at 60 degrees and bending on the right at 40 degrees. Straight leg raise in the seated position is positive on the left for radicular pain at 60 degrees. Prior utilization review dated 06/19/2014 states the request for Gabapentin 100mg #60 X 1 Refill; Omeprazole #60 x 1 Refill; Gaba-Keto-Lido Topical TD Cream 240gram x 1 Refill; and Ultram 50mg # 60 x 1 Refill is denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 100mg #60 x 1 Refill: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs.

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

Decision rationale: According to MTUS guidelines, "Gabapentin (Neurontin, Gabarone generic available) 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." In this case gabapentin is requested for a 52-year-old male with chronic low back pain and lumbar radiculopathy corroborated by examination and MRI. It is not entirely clear from the medical records, but the patient appears to have been recently started on this medication. Response to treatment is not discussed. Medical necessity is established, but further authorization should be dependent upon a significant treatment response in accordance with guideline recommendations.

Omeprazole #60 x 1 Refill: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-9.

Decision rationale: According to MTUS guidelines, proton pump inhibitors such as omeprazole may be indicated for patients taking NSAIDs at moderate to high risk of gastrointestinal events. This is a request for omeprazole for a 52-year-male with chronic low back pain prescribed NSAIDs on a long-term basis with documented history of gastritis secondary to NSAID use. Medical necessity is established.

Gaba-Keto-Lido Topical TD Cream 240gram x 1 Refill: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: According to MTUS guidelines, gabapentin is not recommended for topical application as there is no literature to support its use. Ketoprofen is not recommended for topical application due to significant side effects. The only approved topical formulation of lidocaine is the Lidoderm patch. In this case a request is made for a topical compound containing gabapentin, ketoprofen and lidocaine. However, guidelines do not recommend any component of this product. Medical necessity is not established.

Ultram 50mg # 60 x 1 Refill: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Opioids, Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to MTUS guidelines, opioids are recommended for moderate to severe pain. Efficacy of long-term opioid use for chronic low back pain or neuropathic pain is not established. In this case Ultram (tramadol) is requested for a 52-year-old male with chronic low back and radiculopathy. The patient has been prescribed this medication dating back to at least late 2012. However, medical records fail to demonstrate clinically significant functional improvement, including reduction in dependency on medical care, from use of this medication. Further, at least one drug screen in early 2014 suggests the patient is not taking the medication. Medical necessity is not established.