

Case Number:	CM14-0103851		
Date Assigned:	09/12/2014	Date of Injury:	08/10/2010
Decision Date:	10/14/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/07/2014

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 Physical Medicine and Rehabilitation 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 records, presented for review, indicate that this 52-year-old male was reportedly injured on August 10, 2010. The mechanism of injury was noted as a motor vehicle accident. The most recent progress note, dated August 20, 2014, indicated that there were ongoing complaints of neck pain rating to the right shoulder, wrist and hand pain, low back pain, bilateral hip pain, and leg pain. The physical examination demonstrated diminished cervical range of motion with palpable paraspinous and right trapezius muscle spasm. Straight leg raise was positive bilaterally in the lower extremities and lumbar spine range of motion was diminished. The clinician recommended continuing with Vicodin and a brief course of physical therapy. The previous progress note, dated June 18, 2014, documented similar complaints and physical examination findings but recommends Gabapentin and a refill of Tramadol. There was no documented improvement in pain or function with the current medication regimen. There was not a clear indication that urine drug screens have recently been performed. The AME dated May 2, 2014 documented findings of paresthesias over the dorsal aspect of both hands. Diagnostic imaging studies including MRI of the cervical spine obtained on December 11, 2013, which demonstrated evidence of disc bulging at C5-C6, multilevel degenerative discopathy and spondyloarthropathy. The radiologist noted no apparent significant encroachment on the spinal canal or neuroforaminal. Previous treatment included oral medications, chiropractic care, epidural injections, and physical therapy. A request had been made for Tramadol and Gabapentin and was not medically necessary in the pre-authorization process on June 27, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Tramadol 50mg #200 with 1 refill: 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 Opioids Page(s): 74-96.

Decision rationale: The MTUS supports the use of opiate medications for the management of neuropathic type pain. Based on clinical documentation provided, there is evidence of radicular pain on the most recent examination with a noted positive straight leg raise. As such, there does appear to be an indication for use of opiate medications, but the clinician has failed to provide adequate documentation to meet the criteria for ongoing management with opioid medications. Specifically, there is no documentation to indicate improved pain and function with the current medication regimen. The total immediate medication, as prescribed, is on average 66.6. There is no indication that urine drug screens are being performed. As such, the requested opioid is considered not medically necessary.

1 Gabapentin 300mg #200 with 1 refill: Overturned

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 Anti-Epileptic Drugs Page(s): 16-20.

Decision rationale: The MTUS supports the use of antiepileptic drugs as a first-line agent for the management of neuropathic type pain. Based on the clinical documentation provided, there is evidence of radiculopathy of the lower extremities on examination. As such, the requested Gabapentin appears to have a clear indication for continued use. This request is considered medically necessary.