

Case Number:	CM14-0013903		
Date Assigned:	02/26/2014	Date of Injury:	11/03/2007
Decision Date:	08/07/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/03/2014

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:

This is a 68 year-old male with an 11/3/07 date of injury. The patient was seen in October and noted improvement in pain and functional improvement with his medications (Tramadol, Neurontin, and Celebrex, Dendracin lotion), from a 9/10 to an 8/10. He was again seen on 12/18/13 with complaints of 7-8/10 pain in the neck and upper extremities with his medications but stated there is a 30% improvement with his medications). He complained of confusion and dizziness. Exam findings revealed decreased sensation in the left C6 and C7 dermatomes, diminished brachioradialis reflex on the left, diffuse lumbar myofascial tenderness with limited range of motion, and positive cervical Spurling's sign. The patient claims to use 0-4 Tramadol per day. He was again seen on 2/12/14 and was noted to be very forgetful, leaving the stove on and the car. He was noted to be taking 600 mg of gabapentin BID that he states decreased his neuropathic pain. The patient has not had physical therapy. He was also noted to be diabetic. The diagnosis is borderline right S1 nerve root impingement, bilateral upper extremity radiculopathy, dizziness, status post closed head injury. MRI of the cervical spine 11/27/12: neural foraminal compromise at C3/4, C4/5, C5/6 Treatment to date: medication management An adverse determination was received on 1/27/14 for Tramadol given the request was for #120 was larger than what the patient states he was using, therefore a weaning protocol was initiated and #30 were certified. Regarding Gabapentin, the request was modified to #30 tablets given the patient's recorded use was a tablet 2-3 times daily yet the request was for a larger amount. In addition there was no documentation regarding quantification of pain reduction with this medication alone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, opiates Page(s): 113, 78-81.

Decision rationale: CA MTUS states that Tramadol (Ultram) is not recommended as a first-line oral analgesic. This medication has action of opiate receptors, thus criterion for opiate use per MTUS must be followed. CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The patient notes some improvement in pain, but the documentation does not support any significant improvement (from a 9/10 to an 8/10). There is no mention of how many tablets the patient actually takes on a daily basis, or any mention as to whether this could be contributing to his forgetfulness or dizziness. The patient's mental status and pain levels can be monitored during this time for further assessment. Therefore, the request for Tramadol #90 is not medically necessary.

Gabapentin 600 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptic drugs , Gabapentin Page(s): 16-18, 49.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines states that Gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. This patient describes neuropathic pain and was noted to still be on 600 mg of gabapentin BID as of Februarys 2014. His pain levels have not significantly decreased on VAS since using this medication. There is documentation that the patient has functional improvement and decrease in pain with his medications, but the patient's functional improvements have not been well described, and the VAS is always a 7-10/10, which does not corroborate with what is documented. Therefore, the request for Gabapentin 600 gm as submitted is not medically necessary.