

Case Number:	CM14-0116523		
Date Assigned:	08/04/2014	Date of Injury:	09/06/2012
Decision Date:	10/01/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/24/2014

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 Orthopedic Surgery 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 injured worker is a 52 year old male who reported an injury on 09/06/2012 due to a fall. The injured worker had diagnoses of chronic pain syndrome, failed back syndrome of lumbar spine, cauda equine compression. Prior treatment included medications and epidural steroid injections. Diagnostic testing included an x-ray of the lumbar spine on 08/20/2014, an MRI of the lumbar spine on 09/07/2012, 10/16/2013, and 10/16/2013. The injured worker underwent lumbar laminectomy for spinal cord decompression of L2-3, L3-4 in 05/2013. The injured worker complained of chronic low back pain rated 7/10 with pain medications and 9/10 without medications on 06/20/2014. The injured worker complained of increased pain with prolonged sitting, standing, walking, and with bending, lifting, and lying down. The physical examination revealed the injured worker had pain with lumbar flexion and extension. Tenderness of bilateral L4-5 and L5-S1 paraspinal muscles was noted, as well as a positive straight leg on the left side. Medications included Gabapentin 600mg, and Tramadol ER150. The treatment plan is for Tramadol 150mg #60 and Neurontin 600mg #90. The rationale for the request was not submitted. The request for authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines California Medical Treatment Utilization Schedule (MTUS) Mentions.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The request for Tramadol 150mg #60 is not medically necessary. The injured worker complained of chronic low back pain rating his pain as a 7/10 with pain medications and 9/10 intensity without medications on 06/20/2014. The California MTUS guidelines recommend ongoing review with documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The guidelines also recommend providers assess for side effects and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. There is a lack of documentation demonstrating when the injured worker last underwent a urine drug screen. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Therefore the request for Tramadol 150 #60 is not medically necessary.

Neurontin 600mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs) California Medical Treatment Utilization Schedule (MTUS) Mentions.

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

Decision rationale: The request for Neurontin 600mg #90 is not medically necessary. The injured worker complained of chronic low back pain rated 7/10 with pain medications and 9/10 without medications. The California MTUS guidelines state anti-epilepsy drugs such as Neurontin are recommended for neuropathic pain. A "good" response to the use of AEDs (anti epilepsy drugs) has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction, after initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. There is lack of documentation demonstrating significant reduction of pain with Neurontin. Additionally, the request does not indicate the

frequency at which the medication is prescribed in order to determine the necessity of the medication. Therefore, the request for Neurontin 600mg #90 is not medically necessary.