

Case Number:	CM14-0119213		
Date Assigned:	08/06/2014	Date of Injury:	12/12/2012
Decision Date:	09/24/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	07/29/2014

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 injured worker is a 27-year-old male who reported an injury on 12/12/2012 due to unspecified mechanism of injury. The injured worker had a history of lower back pain that radiated to the right lower extremity. The diagnosis included displacement of the lumbar intervertebral disc without myelopathy. The MRI of the lumbar spine dated 02/25/2013 revealed loss of disc height and broad-based central disc protrusion at the L5-S1. The past treatments included chiropractic therapy and medication. The medication included tramadol ER 100 mg, Gabapentin 300 mg, and Trazodone 50 mg. The reported pain was a 7/10 using the visual analog scale (VAS). The objective findings dated 07/16/2014 of lumbar spine revealed limited range of motion with forward flexion at 60 degrees and extension at 15 degrees, limited rotation and side bending, tenderness to palpation over the bilateral lumbar paraspinal muscle consistent with lumbar paraspinal spasms. Lumbar facet loading was negative bilaterally. There was a positive straight leg raise. The treatment plan included periodic physical medicine and rehab services, physician visits, injections, physical therapy, medication, and daily home exercise program. The request for authorization dated 07/29/2014 was submitted with documentation. The rationale for the tramadol, Gabapentin and Trazodone was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL ER 100MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol,Ongoing management page Page(s): 82,93,94,133,78.

Decision rationale: The California MTUS states Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain and it is not recommended as a first-line oral analgesic. California MTUS recommend that there should be documentation of the 4 A's for Ongoing Monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The clinical notes indicated that the injured worker's injury happened in 2012 with a strain at the lumbar region who has received chiropractic therapy that did assist and also had acupuncture and physical therapy. The injured worker should be assessed for the aberrant drug-taking behavior along with activities of daily living. The request did not address frequency. As such, the request for Tramadol ER 100 mg #60 is not medically necessary.

GABAPENTIN 300MG #90: Upheld

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

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

Decision rationale: The California MTUS guidelines indicate that Gabapentin is shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The clinical note did not indicate that the injured worker had a diagnosis of diabetic neuropathy or herpetic neuralgia. The request did not address the frequency. As such, the request for Gabapentin 300 mg #90 is not medically necessary.

TRAZODONE 50MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, MENTAL ILLNESS AND STRESS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin reuptake inhibitors),Trazadone Prozac, Fluoxetine Page(s): 107.

Decision rationale: The California MTUS guidelines indicate that Selective Serotonin Reuptake Inhibitors (SSRI's) are not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. SSRIs have not been shown to be effective for low back pain. The guidelines indicate that Trazodone is not recommended or effective for lower back

pain and is not recommended for chronic pain. The request did not address the frequency. As such, the request for Trazodone 50 mg #60 is not medically necessary.