

Case Number:	CM14-0129322		
Date Assigned:	08/18/2014	Date of Injury:	04/12/2006
Decision Date:	09/11/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/14/2014

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 Family Practice, and is licensed to practice in Ohio. 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 had a date of injury of April 12 of 2006 whereby she fell onto her back. Subsequently, she developed neck pain radiating to the upper extremities and back pain radiating to the lower extremities. She has essentially been maintained on Gabapentin, Ibuprofen, Tramadol, and Cyclobenzaprine for some time. Her overall levels of pain do not seem to change over time. There is good documentation present to show that her pain is in a 7/10 range with medication and 9/10 range without medication. The injured worker currently is not employed. She has limitation in activities of daily living with regard to self-care, hygiene, ambulation, hand function, and sleep. The documentation shows that there is a pain contract on file and that periodic urine drug screening is performed. Her physical exam consistently shows tenderness to the cervical spine from C4-C7, triggers point tenderness to the neck regions, diminished sensation to the C4-C7 dermatome levels, and diminished deep tendon reflexes of the biceps bilaterally. Additionally, there is tenderness and spasm noted in the lumbar spine of the paraspinal musculature and centrally from L2-S1, there is diminished range of motion of the lumbar spine, and diminished sensation in the L4-S1 dermatome levels. She has been diagnosed with cervical and lumbar radiculopathies and myofascial pain syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 5mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64,66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines <Pain Interventions and Treatments Section>; page(s) 41-42 Page(s): 41-42.

Decision rationale: Anti-epilepsy drugs are recommended for neuropathic pain, pain due to nerve damage. There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. Most randomized controlled trials for the use of this class medication for neuropathic pain has been directed at postherpetic neuralgia and painful polyneuropathy, for example from diabetes. In this case, the injured worker clearly has neuropathic pain as a component of her overall pain syndrome. Gabapentin is medically necessary.

Gabapentin 300mg #60 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines <Pain Interventions and Treatments Section>; page(s) 16, 18-19 Page(s): 16 18-19.

Decision rationale: Anti-epilepsy drugs are recommended for neuropathic pain, pain due to nerve damage. There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. Most randomized controlled trials for the use of this class medication for neuropathic pain has been directed at postherpetic neuralgia and painful polyneuropathy, for example from diabetes. In this case, the injured worker clearly has neuropathic pain as a component of her overall pain syndrome. Gabapentin is medically necessary.

Ibuprofen 600mg #90 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines <Pain Interventions and Treatments Section>, page(s) 22 Page(s): 22.

Decision rationale: Nonspecific Anti-Inflammatory Medications are the traditional first-line treatment to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of nonselective Non-Steroidal Anti-Inflammatory Drugs in chronic low back pain. Therefore, the continued use of Ibuprofen is medically necessary.

Tramadol HCL 50mg #120 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 9,74,78-97.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Chronic Pain Section>.

Decision rationale: Per the above referenced guidelines, opioids may be used for chronic pain provided that the following occurs: the lowest possible dose should be prescribed to improve pain and function, and that there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, 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 improve quality of life. The patient should also be monitored for aberrant drug taking behaviors for example with the use of a pain contract and urine drug testing. In this instance, there is good documentation present as recently as July 15 of 2014 that the above criteria have been satisfied. Therefore, Tramadol is medically necessary.