

<b>Case Number:</b>	CM14-0134342		
<b>Date Assigned:</b>	08/27/2014	<b>Date of Injury:</b>	06/01/2007
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	08/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2014

### 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:

The patient is a 39-year-old male who has submitted a claim for degeneration of lumbar or lumbosacral intervertebral disc, displacement of lumbar intervertebral disc without myelopathy, lumbago, associated with an industrial injury date of June 1, 2007. Medical records from 2013 through 2014 were reviewed. The latest progress report, dated 08/04/2014, showed low back pain radiating down to the left buttocks, left knee and left foot. The pain level was 3-4/10 with medications. There was a stabbing pain down his leg and back. However, the low back pain has flared up recently. Physical examination revealed tenderness along the lumbar spine and left buttock. Pain was elicited with left lateral bending and rotating. There was positive straight leg raise on the left. MRI of lumbar spine, dated 02/08/2013, showed left paracentral L3-4 disc protrusion, annular tear L4-5 disc, L5-S1 disc extrusion and bilateral L5-S1 facet joint hypertrophy. Treatment to date has included left L5 sacral ala and S1 medial branch dorsal ramus radiofrequency rhizotomy, lumbar epidural steroid injection, chiropractic treatment and medications such as Gabapentin and Tramadol prescribed on August 2014. Utilization review from 08/11/2014 modified the request from the purchase of Gabapentin 300mg #90 with 3 refills to Gabapentin 300mg #90 with no refills because a trial of Gabapentin was appropriate, although without refill for medication monitoring. The request for the purchase of Tramadol 50mg #80 with 3 refills was modified to Tramadol 50mg #80 with no refills because future certifications may be dependent on functional benefit from the use of this medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One prescription of Gabapentin 300 mg, ninety count with three refills:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines GABAPENTIN Page(s): 18-19.

**Decision rationale:** According to page 18-19 of the California MTUS Chronic Pain Medical Treatment Guidelines, gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. It is also recommended as a trial for chronic neuropathic pain that is associated with spinal cord injury, fibromyalgia, and lumbar spinal stenosis. This medication is designated as a Schedule V controlled substance because of its causal relationship with euphoria. One recommendation for an adequate trial with gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. The patient should be asked at each visit as to whether there has been a change in pain or function. In this case, the patient was prescribed Gabapentin on August 2014. The most recent progress report revealed that the patient was on Celebrex and Lidoderm patch which continue to keep pain within a manageable level; however, the low back pain has flared up recently. It was documented that the pain described is classified as neuropathic pain which is one of the indication for the trial of Gabapentin. The medical necessity was established. Therefore, the request for Gabapentin 300 mg #90 with 3 refills is medically necessary.

**One prescription of Tramadol 50 mg, eighty count with three refills:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TRAMADOL (ULTRAM) Page(s): 93-94, 113.

**Decision rationale:** According to page 93-94 and 113 of the California MTUS Chronic Pain Medical Treatment Guidelines, Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Tramadol is indicated for moderate to severe pain. In addition, guidelines do not support ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, patient was prescribed Tramadol in August 2014. The most recent progress report revealed that the patient was on Celebrex and Lidoderm patch which continue to keep pain within a manageable level; however, the low back pain has flared up recently. A trial of Tramadol may be indicated. Therefore, the request for Tramadol 50mg #80 with 3 refills is medically necessary.