

Case Number:	CM14-0153464		
Date Assigned:	09/23/2014	Date of Injury:	03/30/2011
Decision Date:	11/25/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/19/2014

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 & Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 61-year-old male who reported an injury on 03/30/2011 due to an unknown mechanism. Diagnoses were degenerative facet disease at T2-3, T10-11 with mild spinal stenosis, disc and facet disease at L3-4, L4-5, L5-S1 with bilateral neural foraminal narrowing, lumbosacral sprain with radicular symptoms, multilevel thoracic facet arthropathy and disc disease, obesity, spondylolisthesis at L4-5 with mild spinal stenosis T5-6 disc bulge, and thoracic sprain. Physical examination on 08/21/2014 revealed complaints of burning pain in the mid and low back that radiated down both lower extremities to both feet. He also complained of occasional numbness and tingling in both lower extremities. Range of motion for the lumbar spine was limited. Treatment plan was to take medications as prescribed. Medications were Ultracet 1 tablet every 4 to 6 hours as needed, gabapentin 300 mg 1 tablet at bedtime as needed. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet, sixty count with three refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol; Ongoing Management Page(s): 82, 93, 94, 113; 78.

Decision rationale: The decision for Ultracet, sixty count with three refills is not medically necessary. The California Medical Treatment Utilization Schedule states central analgesic 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. The medical guidelines 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 4 A's for ongoing monitoring were not reported. There is a lack of documentation of objective functional improvement for taking this medication. There were no reports of an evaluation of risk for aberrant drug abuse behavior and side effects. Furthermore, the request does not indicate a frequency for the medication. Continued use of this medication would not be supported. Therefore, this request is not medically necessary.

Gabapentin 300 mg, thirty count with three refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Page(s): 16-17.

Decision rationale: The decision for Gabapentin 300 mg, thirty count with three refills is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines indicate that gabapentin is 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. There is a lack of documentation of objective functional improvement for the injured worker. There should be documentation of an objective decrease in pain of at least 30 to 50% with objective functional improvement. Furthermore, the request does not indicate a frequency for the medication. Therefore, this request is not medically necessary.