

Case Number:	CM14-0156010		
Date Assigned:	09/25/2014	Date of Injury:	12/26/2003
Decision Date:	12/09/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/23/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 62-year-old female with a 12/26/03 date of injury. At the time (8/27/14) of the request for authorization for retrospective request for Tramadol 50 mg # 200, DOS 8/27/14, retrospective request for Gabapentin #90, DOS 8/27/14, and retrospective request for Flexeril 7.5 mg DOS 8/27/14, there is documentation of subjective complaints of aching neck pain radiating to both shoulders, also to the left upper arm, she does have some numbness and tingling in the hands and some numbness and tingling in the left upper arm. The objective findings included moderately tender in the paraspinal muscles throughout the cervical spine, range of motion is decreased in all fields, positive Spurling's on the left. The current diagnoses include chronic pain syndrome, cervical disc disease, cervical spine stenosis, lumbar disc disease, thoracic disc disease, and headaches. Treatments to date are medication including ongoing use of Gabapentin. Medical reports identify the patient has signed an opioid agreement. Regarding retrospective request for Gabapentin #90, DOS 8/27/14, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Gabapentin use to date. Regarding retrospective request for Flexeril 7.5 mg DOS 8/27/14, there is no documentation of acute exacerbation of chronic pain and the intention to treat over a short course (less than two weeks).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Tramadol 50 mg # 200, DOS 8/27/14: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Therapeutic Trial of Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80; 113.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; as criteria necessary to support the medical necessity of Opioids. In addition, specifically regarding Tramadol, MTUS Chronic Pain Medical Treatment Guideline identifies documentation of moderate to severe pain and Tramadol used as a second-line treatment (alone or in combination with first-line drugs), as criteria necessary to support the medical necessity of Tramadol. Within the medical information available for review, there is documentation of diagnoses of chronic pain syndrome, cervical disc disease, cervical spine stenosis, lumbar disc disease, thoracic disc disease, and headaches. In addition, there is documentation of moderate to severe pain and that Tramadol is being used as a second-line treatment. Furthermore, given documentation that the patient has signed an opioid agreement, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Therefore, based on guidelines and a review of the evidence, the retrospective request for Tramadol 50 mg # 200, DOS 8/27/14 is medically necessary.

Retrospective request for Gabapentin #90, DOS 8/27/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 18-19. Decision based on Non-MTUS Citation Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain, as criteria necessary to support the medical necessity of Neurontin (gabapentin). MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of chronic pain syndrome, cervical disc disease, cervical spine stenosis, lumbar disc disease, thoracic disc disease, and headaches. In addition, there is documentation of neuropathic pain. However, given documentation of ongoing treatment with Gabapentin, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of

Gabapentin use to date. Therefore, based on guidelines and a review of the evidence, the retrospective request for Gabapentin #90, DOS 8/27/14 is not medically necessary.

Retrospective request for Flexeril 7.5 mg DOS 8/27/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle Relaxants (for pain)

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that Cyclobenzaprine is recommended for a short course of therapy. Official Disability Guidelines (ODG) identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of shoulder impingement, lateral epicondylitis, and radial styloid tenosynovitis. However, there is no documentation of acute exacerbation of chronic pain. In addition, there is no documentation of the intention to treat over a short course (less than two weeks). Therefore, based on guidelines and a review of the evidence, the retrospective request for Flexeril 7.5 mg DOS 8/27/14 is not medically necessary.