

Case Number:	CM14-0177966		
Date Assigned:	10/31/2014	Date of Injury:	12/12/2012
Decision Date:	12/08/2014	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	10/27/2014

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, has a subspecialty in Interventional Spine 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 27 year old male with an injury date on 12/12/2012. Based on the 10/15/2014 progress report provided by the treater, the diagnoses are:1. Displacement of lumbar intervertebral disc without myelopathy2. Chronic pain syndrome. According to this report, the patient complains of "persistent low back pain radiating to right lower extremity (LE). Pain is described as spasm-like, sharp, dull, and burning. Pain is described as constant and moderate in intensity" with weakness and numbness. "The patient reports 7/10 pain on the VAS pain scale. Pain increased with walking, standing, lifting." Musculoskeletal exam reveals limitations in lumbar range of motion. Tenderness and spasm are noted over the bilateral lumbar paraspinal muscles. Straight leg raise is positive on the right. There is no change in the 09/17/2014 report. MRI on the lumbar spine on 02/25/2013 indicates a loss of disc height and a broad-based disc protrusion with an annular tear measuring 5mm at L5-S1. There were no other significant findings noted on this report. The utilization review denied the request on 10/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 one day multi-disciplinary evaluation to consist of a medical evaluation performed by a physician, a psychological evaluation performed by a psychologist, and a functional assessment performed by a physical therapist: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs) and Chronic pain programs (.).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration program Page(s): 49.

Decision rationale: According to the 10/15/2014 report by the treater, this patient presents with "persistent low back pain radiating to right LE." The treater is requesting 1 one day multi-disciplinary evaluation to consist of a medical evaluation performed by a physician, a psychological evaluation performed by a psychologist, and a functional assessment performed by a physical therapist. Regarding functional restoration programs, MTUS guidelines page 49 recommends functional restoration programs and indicate it may be considered medically necessary when all criteria are met including patient's disability, motivation, negative predictors, etc. In this case, the patient has been suffering from chronic low back pain for almost 2 years with an annular tear measuring 5mm at L5-S1 and an evaluation for functional restoration program is reasonable and consistent with MTUS. The request is medically necessary and appropriate.

1 prescription of Gabapentin 600mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 18,19, 49.

Decision rationale: Regarding Anti-epileptic (AKA anti-convulsants) drugs for pain, MTUS Guidelines recommend for "treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Gabapentin was first mentioned in the 02/20/2014 report; it is unknown exactly when the patient initially started taking this medication. Review of reports indicates that the patient has neuropathic pain. The ODG guidelines support the use of anti-convulsants for neuropathic pain. However, the treater does not mention that this medication is working. There is no discussion regarding the efficacy of the medication. MTUS page 60 require that medication efficacy in terms of pain reduction and functional gains must be discussed when used for chronic pain. The request is not medically necessary and appropriate.

1 prescription of Tramadol 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids; Medications for chronic pain Page(s): 60,61;76-78;88-89.

Decision rationale: Tramadol was first mentioned in the 02/20/2014 report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. A urine drug screen on 09/22/2014 was provided for review. The patient reports "7/10 pain on the VAS pain scale. Pain increased with walking, standing, lifting." In this case, report shows documentation of pain assessment using a numerical scale describing the patient's pain and a general statement regarding activities of daily living (ADL's). However, no outcome measures are provided; No aberrant drug seeking behavior is discussed, and no discussion regarding side effects. There were no mentions that this medication is working and no discussion regarding the efficacy of the medication. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the request is not medically necessary and appropriate.