

Case Number:	CM14-0178765		
Date Assigned:	11/03/2014	Date of Injury:	08/08/2014
Decision Date:	12/10/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/28/2014

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 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 underlying date of injury in this case is 08/08/2014. The date of the utilization review under appeal is 10/14/2014. A doctor's first report of 09/22/2014 discusses the patient's injury of 08/08/2014. At that time the patient was injured when a chair collapsed and caused the patient to fall directly onto the ground and to land on his tailbone. The patient reported immediate pain in his low back with difficulty walking, sitting, or standing. As his symptoms worsened, approximately 4 days later he sought evaluation and medical treatment. The patient has reported ongoing low back pain with radiating numbness and tingling to the right lower extremity. On exam the patient was tender to palpation in the affected areas, particularly the right sacroiliac joint and right sciatic notch. The patient ambulated with an antalgic flexed posture and a slow guarded gait. The patient was diagnosed with a lumbar strain with lower extremity radiculitis and right-sided sacroiliac joint pain. Treatment was recommended to include tramadol 50 mg every 6 hours on an as-needed basis for pain as well as Neurontin 600 mg three times a day for pain and Zanaflex to help with pain, muscle spasm, and neurological complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg QTY: 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-83, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Neuropathic Pain Page(s): 82.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on opioids for neuropathy pain, page 82, state that opioids are not recommended as a first-line therapy for neuropathic pain. The treatment under review consists of initial treatment by a new primary treating physician. This physician has simultaneously prescribed Neurontin (which is recommended as a first-line medication for neuropathic pain) as well as tramadol, which is not recommended as first-line therapy. Tramadol therefore would not be recommended for neuropathic pain simultaneously with a trial of Neurontin. Moreover, the patient has both neuropathic and non-neuropathic diagnoses; the non-neuropathic diagnoses are self-limiting sprains and contusions which would not be anticipated to be symptomatic in the timeframe under review. Therefore, the request for tramadol is not supported by the treatment guidelines. This request is not medically necessary.

Neurontin 600mg QTY: 90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptic medication Page(s): 18.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on anti-epileptic, page 18, recommend Neurontin as a first-line treatment for neuropathic pain. This patient's primary diagnosis is radiculitis, as the patient's other diagnoses are self-limiting musculoskeletal conditions which would be anticipated to have resolved by the timeframe under review. An initial physician review states that treatment guidelines require documentation of benefit of this medication at each visit; however, the treatment under review reflects an initial prescription for this medication. The medical records and the guidelines do support this request. This request is medically necessary.