

Case Number:	CM14-0024656		
Date Assigned:	06/11/2014	Date of Injury:	04/11/2006
Decision Date:	07/18/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	02/26/2014

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 Illinois. 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 55-year-old female with a reported date of injury on 04/11/2006. The injury reportedly occurred when she strained her low back lifting a tooling platform. The diagnoses were noted to include lumbar strain, lumbar radiculopathy, left knee sprain and lumbar disc protrusions on different levels. Her previous treatments were noted to include medications a home exercise program. The injured worker reported that low back pain was always there, somewhere, 7/10 to 8/10, but with medications went down to 2 with some pulsating sensation and a complaint of knee pain as well. The physical examination dated 01/27/2014 reported the lumbar spine had full range of motion and the injured worker could flex below the knee with pain at the extreme range. A positive straight leg was noted on the left side. The Request for Authorization Form dated 01/27/2014 is for tramadol 50 mg #120 for inflammation and pain, ranitidine 150 mg #120 for stomach protection, and gabapentin 100 mg #120 for neuropathic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

ZANTAC 150MG #120 WITH REFILL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 68.

Decision rationale: The request for Zantac 150 mg #120 with refill is non-certified. The injured worker has been taking Zantac since at least 01/2014. The California Chronic Pain Medical Treatment Guidelines recommend with NSAID use the physician should determine if the injured worker is at work for gastrointestinal events. The physician should look for age of greater than 65 years, history of a peptic ulcer, gastrointestinal bleeding or perforation, concurrent use of aspirin, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAIDs. The documentation provided showed the Zantac was prescribed for stomach protection along with the injured worker taking NSAIDs; however, there are no NSAIDs noted within the medication list. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is non-certified.

TRAMADOL 50MG #120 WITH REFILL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The request for tramadol 50 mg #120 with refill is non-certified. The injured worker has been taking this medication since 08/2013. According to the California Chronic Pain Medical Treatment Guidelines the ongoing use of opioid medication may be supported with detailed documentation of pain relief, functional status, appropriate medication use and side effects. The guidelines also state that the 4A's for ongoing monitoring include analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors should be addressed. The documentation provided reported the injured worker's pain was 7/10 to 8/10 without medications and 2/10 with medications. The documentation provided that there were no side effects with the use of medications and a urine drug screen was performed 12/09/2013 and was consistent with therapy. There was a lack of documentation regarding improved functional status with the use of medications. Therefore, despite evidence of significant pain relief, absence of adverse effects, and a consistent urine drug screen, without details regarding improved function while utilizing this medication, the ongoing use of opioid medications is not supported by the guidelines. Additionally, the request failed to provide the frequency at which this medication is to be utilized. As such, the request is non-certified.

NEURONTIN 100MB #60 WITH REFILL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16.

Decision rationale: The request for Neurontin 100 mg, #60 with refill, is non-certified. The injured worker has been taking this medication since 08/2013. The California Chronic Pain Medical Treatment Guidelines recommend antiepilepsy drugs for neuropathic pain (pain due to nerve damage). The guidelines also state there was a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs, and mechanisms. The guidelines state most randomized controlled trials for this type class of medicine for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy. There are few random controlled trials directed at central pain and non for pain for radiculopathy. The guidelines state a good response to the use of antiepilepsy drugs has been defined as 50% reduction in pain and a moderate response as a 30% reduction. The guidelines state gabapentin produced statistically significant improvement in walking distance, decrease in pain with movement, and sensory deficit in a pilot study. The guidelines state there are so few trials that treatment is generally recommended for peripheral neuropathy, with gabapentin recommended. There was a lack of documentation regarding the efficacy of this medication, the pain scale rating specifies with medications; however, not Neurontin specifically. The documentation also fails to provide adequate clinical findings of neuropathy, other than a positive straight leg raise. Therefore, the request is non-certified.