

Case Number:	CM14-0043600		
Date Assigned:	07/02/2014	Date of Injury:	11/09/1984
Decision Date:	08/22/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/10/2014

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 Nevada. 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 62-year-old female who was reportedly injured on November 9, 1964. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated February 24, 2014, indicates that there are ongoing complaints of low back pain and left lower extremity pain. Current medications include Skelaxin, phenobarbital, sumatriptan, Levoxy, Flonase, tramadol and Neurontin. The physical examination demonstrated tenderness over the right lower lumbar spine as well as the midline. There was decreased sensation at the left L5 nerve distribution. Tramadol and Neurontin were refilled. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes the use of a neurostimulator. A request had been made for tramadol and gabapentin and was not certified in the pre-authorization process on April 1, 2014.

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: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82, 113.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines support the use of tramadol (Ultram) for short-term use after there has been evidence of failure of a first-line option, evidence of moderate to severe pain and documentation of improvement in function with the medication. A review of the available medical records, fails to document any improvement in function or pain level with the previous use of tramadol. As such, this request for tramadol is not medically necessary.

Retrospective request for Gabapentin 300 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDS), Gabapentin (Neurontin) Page(s): 16-17.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-20, 49.

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines considers gabapentin to be a first-line treatment for neuropathic pain. Review of the attached medical record indicates the injured employee has been taking gabapentin for a long time without any documentation regarding its efficacy, including the most recent note dated February 24, 2014. For this reason, this request for gabapentin is not medically necessary.