

Case Number:	CM14-0052281		
Date Assigned:	07/07/2014	Date of Injury:	01/10/2002
Decision Date:	09/15/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/21/2014

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 Occupational Medicine 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:

This is a 46-year-old male with a 1/10/02 date of injury. The patient injured his neck and back when he was driving a water truck and fell eight feet off a water tank. According to a progress report dated 5/23/14, the patient complained that he had constant neck pain rated 9/10 and back pain rated 7/10. He described the condition of the neck as intense pressures which radiated to the head resulting in headache on a daily basis. He also complained of pain and spasms in bilateral hands and numbness and tingling in all fingers. His back pain increased when standing longer than 50 minutes, walking longer than a few minutes, and sitting longer than 30 to 40 minutes. Objective findings: neck extension to 15 degrees and flexion to 25 degrees, lumbar extension to 10 degrees and flexion to 40 degrees. Diagnostic impression: discogenic cervical condition status post fusion from C5 and C7 with disc bulging at C4-C5, lumbar radiculopathy status post fusion, depression. Treatment to date: medication management, activity modification, H-wave, ESI, surgery. A UR decision dated 4/3/14 modified the requests for Tramadol ER 150 mg from 30 tablets to 20 tablets and Gabapentin 600 mg from 90 tablets to 60 tablets for weaning purposes. Regarding Tramadol ER, the documents failed to mention any narcotic adherence monitoring having taken place such as a signed opioid agreement and recent random urine drug screens. His reported pain levels remained the same since 2012. The patient had a long-term history of concurrently taking the opiate medications, Norco and Tramadol. If any of these analgesics were helping, it is unclear which one and to what degree. Regarding Gabapentin, the patient had been on the medication for an extended period of time and there appears to be a lack of documented improvement in subjective or objective findings. Based on the lack of functional improvement and the correlation to the evidence-based guidelines, a tapering of this medication is indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Tramadol ER 150mg #30: Upheld

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

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. It is noted that the patient has pain relief and functional improvement from utilizing Norco, but there is no mention that Tramadol ER has helped his pain. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Furthermore, previous UR decisions have recommended weaning the patient off of Tramadol ER. There is no documentation that the provider has addressed the recommendations for weaning. Therefore, the request for 1 Prescription of Tramadol ER 150mg #30 was not medically necessary.

1 Prescription of Gabapentin 600mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-18, 49. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Neurontin).

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines states that Gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. This patient has a diagnosis of lumbar radiculopathy, and radiating pain according to the reports reviewed. Guidelines support the use of gabapentin as a first-line agent for neuropathic pain. Therefore, the request for 1 Prescription of Gabapentin 600 mg #90 was medically necessary.