

Case Number:	CM14-0062319		
Date Assigned:	07/11/2014	Date of Injury:	09/30/2010
Decision Date:	08/26/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/05/2014

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 records, presented for review, indicate that this 56 year old male was reportedly injured on September 30, 2010. The mechanism of injury is undisclosed. The most recent progress note, dated June 6, 2014, indicated that there were ongoing complaints of low back pain and bilateral knee pain. The physical examination demonstrated an antalgic gait. There was tenderness over the lumbar spine paraspinous muscles with spasms. There was tenderness over the lateral aspect of both knees and a well healed incision on the left. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included a left knee anterior cruciate ligament (ACL) repair. A request was made for Neurontin and Tramadol and was not certified in the preauthorization process on April 18, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review of Neurontin 300mg p.o. (by mouth) #30 x 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18, 19. Decision based on Non-MTUS Citation Federal Drug Administration.

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines consider Neurontin (Gabapentin) to be a first line treatment for neuropathic pain. Based on the clinical documentation provided, there is no evidence that the injured employee has any neuropathic pain, as there are no radicular symptoms noted on physical examination. As such, this request for Neurontin is not medically necessary.

Retrospective review of Tramadol 50mg p.o. (by mouth) #60 x 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Opioids, Weaning of Medications Page(s): 78-80, 93-94, 124.

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

Decision rationale: The California MTUS guidelines support the use of Ultram (Tramadol) 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 failed 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.