

Case Number:	CM14-0064505		
Date Assigned:	07/11/2014	Date of Injury:	10/10/2002
Decision Date:	09/10/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	05/07/2014

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, has a subspecialty in Pain Management 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 female patient with a date of injury of October 10, 2002. A utilization review determination dated April 9, 2014 recommends non-certification of gabapentin 600 mg #90, tramadol ER 150 mg #30 with modification to #22 for weaning purposes, gabapentin 600 mg #90, and tramadol ER 150 mg #30 with modification to #22 for weaning purposes. A progress note dated February 26, 2014 identifies subjective complaints of intermittent left knee and left ankle pain, and lower extremity shooting pain with numbness and tingling. Physical examination identifies tenderness along the lumbar paraspinal muscles bilaterally, pain along the facets, pain with facet loading, lumbar flexion at 30, lumbar extension at 20, and bilateral lateral tilting at 15. Diagnoses include discogenic lumbar condition with disc disease at L4 - L 5, element of anxiety and depression, and knee inflammation on the left. The treatment plan recommends a copy of QME report, request for EMG of lower extremities, prescription refills for gabapentin 600 mg #90, Flexeril 7.5 mg #60, tramadol ER 150 mg #30, naproxen sodium 550 mg #60, Protonix 20 mg #60, and a request for a CBC and basic metabolic panel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 16-21 of 127.

Decision rationale: Regarding request for gabapentin 600mg #90, Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is no identification of any specific analgesic benefit (in terms of percent reduction in pain or reduction of NRS), and no documentation of specific objective functional improvement. Additionally, there is no discussion regarding side effects from this medication. In the absence of such documentation, the currently requested gabapentin 600mg #90 is not medically necessary.

Tramadol ER 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 75-79 of 127.

Decision rationale: Regarding the request for tramadol ER 150mg #30, California Pain Medical Treatment Guidelines state that tramadol is a synthetic opioid pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the tramadol is improving the patient's function (in terms of specific objective functional improvement) or pain (in terms of reduced NRS, or percent reduction in pain), no documentation regarding side effects, and no discussion regarding aberrant use. In the absence of such documentation, the currently requested tramadol ER 150mg #30 is not medically necessary.

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