

<b>Case Number:</b>	CM14-0067052		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	10/07/2004
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	04/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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 Interventional Spine 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:

The patient is a 56 year old a male with an injury date on 10/07/2007. Based on the 03/18/2014 progress report provided by [REDACTED], the diagnoses are: 1. Chronic lumbrosacral strain, 2. Mild bilateral L5 sensory dysfunction with a normal EMG (01/28/08), 3. Herniated disc at L4-L5 centrally and to the left (08/18/2008). According to this report, the patient complains of low back pain. Decreased sensation in the lateral aspect of the right calf and foot is noted. Positive straight leg raise was noted on the right. Tenderness to palpation was noted at L3 to sacrum on the right. "The patient is currently working with restrictions precluding lifting over 20 pounds, or operating the tram in vibration area." There were no other significant findings noted on this report. [REDACTED] is requesting: 1. Retrospective request: Gabapentin, dispensed 2/20/14, 2. Retrospective request: Ketoprofen, dispensed 2/20/14, 3. Retrospective request: Tramadol, dispensed 2/20/14, 4. Retrospective request: Cyclobenzaprine, dispensed on 2/20/14. The utilization review denied the request on 04/09/2014. [REDACTED] the requesting provider, and he provided treatment report dated 03/18/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request: Gabapentin, dispensed 2/20/14: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Gabapentin and Pregabalin: MTUS has the following.

**Decision rationale:** According to the 03/18/2014 report by [REDACTED] this patient presents with low back pain. The treater is requesting a retrospective of Gabapentin, dispensed 2/20/14. Regarding Anti-epileptic (AKA anti-convulsants) drugs for pain, MTUS Guidelines recommend for "treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Review of reports show no mentions of gabapentin and it is unknown exactly when the patient initially started taking this medication. Review of reports indicate that the patient has neuropathic pain. The ODG guidelines support the use of anti-convulsants for neuropathic pain. However, the treater does not mention that this medication is working. There is no discussion regarding the efficacy of the medication. MTUS page 60 require that medication efficacy in terms of pain reduction and functional gains must be discussed when used for chronic pain. Therefore, this request is not medically necessary.

**Retrospective request: Ketoprofen, dispensed 2/20/14: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, pg 111-113 Topical Analgesics Page(s): 111-113.

**Decision rationale:** According to the 03/18/2014 report by [REDACTED] this patient presents with low back pain. The treater is requesting a retrospective of Ketoprofen, dispensed 2/20/14. The MTUS guidelines specifically recommends against the use of topical Ketoprofen stating "Ketoprofen is not currently FDA approved for a topical application." Therefore, this request is not medically necessary.

**Retrospective request: Tramadol, dispensed 2/20/14: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines TRAMADOL, MTUS (pg 80)- Chronic back pain: Appears.

**Decision rationale:** According to the 03/18/2014 report by [REDACTED] this patient presents with low back pain. The treater is requesting a retrospective of Tramadol, dispensed 2/20/14. For chronic opiate use, MTUS Guidelines page 88 and 89 require functioning documentation using a numerical scale or validated instrument at least once every 6 months. Also, MTUS page 78 requires documentation of 4 A's (analgesia, ADLs, adverse side effects, adverse behaviors). Furthermore, under outcome measures, MTUS recommends documentation of current pain, average pain, least pain, time it takes for medication to work, duration of pain relief with medications, et cetera. Review of report shows no mentions of Tramadol and it is unknown

exactly when the patient initially started taking this medication. In this case, the report shows the patient had return to work with restrictions. Although the treater does not provide all the required documentation, given the patient's level of function and how medication has been helpful. Theretrospective request of Tramadol would appear reasonable; however, without knowing the prescription dosing, this request cannot be considered. MTUS page 8 requires that the treater provide monitoring of the patient's progress. Therefore, this request is not medically necessary.

**Retrospective request: Cyclobenzaprine, dispensed on 2/20/14: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines , pg 64Cyclobenzaprine (Flexeril, Amrix, Fexmi.

**Decision rationale:** According to the 03/18/2014 report by [REDACTED] this patient presents with low back pain. The treater is requesting a retrospective of Cyclobenzaprine, dispensed on 2/20/14. It is unknown exactly when the patient initially started taking this medication. Regarding this medication, MTUS page 29 states "Not recommended. This medication is not indicated for long-term use." The treater requested for Cyclobenzaprine with unknown prescription dosing, without knowing the prescription dosing, this request cannot be considered. MTUS page 8 requires that the treater provide monitoring of the patient's progress. Therefore, this request is not medically necessary.