

Case Number:	CM14-0074339		
Date Assigned:	07/16/2014	Date of Injury:	09/08/2009
Decision Date:	09/23/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/21/2014

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 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 55 year-old female who was reportedly injured on 9/8/2009. The mechanism of injury is not listed. The most recent progress note dated 4/17/2014. Indicates that there are ongoing complaints of chronic neck pain. The physical examination demonstrated cervical spine: flexion/extension 20 right side lateral flexion 20, left side lateral flexion 25. No recent diagnostic studies are available for review. Previous treatment includes medications, and conservative treatment. A request was made for Tramadol 50 mg #60, Gabapentin 600 mg #90, Cyclobenzaprine 10 mg #60, and was not certified in the pre-authorization process on 4/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg BID #60 Refills: 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93-94.

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): 82, 113 of 127.

Decision rationale: California Medical Treatment Utilization Schedule treatment guidelines support the use of tramadol (Ultram) for short-term use after there is been evidence of failure of a first-line option, evidence of moderate to severe pain, and documentation of improvement in

function with the medication. Given their clinical presentation and lack of documentation of functional improvement with tramadol, the request is not considered medically necessary.

Gabapentin 600mg OD #90 Refills: 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Weaning of Medications Anti-epilepsy drugs Page(s): 78-80, 124, 16-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-20, 49 of 127.

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines considers Gabapentin to be a first-line treatment for neuropathic pain. Based on the clinical documentation provided, there is no evidence that the injured employee does not have any neuropathic pain nor are any radicular symptoms noted on physical examination. As such, this request for Gabapentin is not medically necessary.

Cyclobenzaprine 10mg BID #60 Refills: 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 41, 64 of 127.

Decision rationale: California Medical Treatment Utilization Schedule Guidelines support the use of skeletal muscle relaxants for the short-term treatment of pain, but advises against long-term use. Given the injured worker's date of injury and clinical presentation, the guidelines do not support this request for chronic pain. As such, the request is not medically necessary.