

Case Number:	CM14-0077984		
Date Assigned:	07/23/2014	Date of Injury:	03/25/2011
Decision Date:	10/07/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/28/2014

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 male patient with a date of injury of March 25, 2011. A utilization review determination dated May 7, 2014 recommends non-certification of Ultram ER 200 mg #60 with 2 refills and gabapentin 300 mg #210 with 1 refill. A progress note dated April 16, 2014 identifies subjective complaints of overall unchanged symptoms since the previous visit, still has issues with lower back, occasional pain radiating into the lower extremities, the patient is taking 2 - 3 gabapentin per day, and is taking Ultram ER 200 mg once a day for pain relief, and the regimen of the two medications appears to be helping control the patient symptoms. Physical examination identifies that the patient is able to walk with a steady and stable gait, and the patient is neurologically intact throughout both lower extremities without focal deficits. The diagnosis is status post ALIF L5-S1 two years ago. The treatment plan recommends prescription refill of gabapentin 300 mg 2 - 3 times daily #210, prescription refill of Ultram ER 200 mg #60 with two refills, and repeat x-rays of the lumbar spine at the patient's next follow-up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER 200 mg qty 60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-79.

Decision rationale: California Pain Medical Treatment Guidelines state that Ultram is a synthetic opiate 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 Ultram 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 Ultram ER 200mg #60 with 2 refills is not medically necessary.

Gabapentin 300 mg qty 210 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-21.

Decision rationale: 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 300mg #210 with 1 refill is not medically necessary.