

Case Number:	CM14-0080587		
Date Assigned:	07/18/2014	Date of Injury:	10/10/2002
Decision Date:	09/18/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	06/02/2014

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 Preventive Medicine has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 53 year old female who was injured at work on 10/10/2002 when she slipped and fell backwards injuring the left ankle, left knee and low back . The injured worker complains of low back pain that shoots down her left leg. The pain prevents her from bending, mopping, and sweeping. The physical examination is positive for limitation in the lumbar range of motion, tenderness along the lumbosacral area. There is mild weakness of the left knee. She has been diagnosed of discogenic Lumbar condition with radicular component and facet inflammation; Element of anxiety, depression and stress; Knee inflammation on the left. She is being treated with TENS unit, Back brace while walking, Anaprox 550, Protonix, Flexeril 7.5mg, Tramadol ER 150MG , Gabapentin . At dispute are the retrospective request for Gabapentin 600mg #90 and the retrospective request for Tramadol ER 150mg #8; the prospective request for Gabapentin 600mg #90; the prospective request for Gabapentin 600mg #90 and prospective request for Tramadol ER 150mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Gabapentin 600mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines <Anticonvulsants (Antiepileptics)> Page(s): 16-22.

Decision rationale: The anticonvulsants are recommended for treatment of neuropathic pain, especially post-herpetic neuralgia and diabetic polyneuropathy. The MTUS considers a good response to be 50% reduction in pain; a moderate response 30%. The MTUS recommends either switching to a different first-line agent (Tricyclic antidepressants or Serotonin-norepinephrine reuptake inhibitors or a different anticonvulsant) if the response is less than 30%); or combination therapy if treatment with a single drug agent fail. Since the documents reviewed did no provide documented evidence the injured workers pain has decreased by up to 30%, the request is not medically necessary and appropriate.

1 Prescription of Gabapentin 600mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The anticonvulsants are recommended for treatment of neuropathic pain, especially post-herpetic neuralgia and diabetic polyneuropathy. The MTUS considers a good response to be 50% reduction in pain; a moderate response 30%. The MTUS recommends either switching to a different first-line agent (Tricyclic antidepressants or Serotonin-norepinephrine reuptake inhibitors or a different anticonvulsant) if the response is less than 30%); or combination therapy if treatment with a single drug agent fail. Since the documents reviewed did no provide documented evidence the injured workers pain has decreased by up to 30%, the request is not medically necessary and appropriate.

1 Prescription of Tramadol ER 150mg #8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain, When to Continue Opioids, long-term assessment: Criteria for Use Of Opioids, Long-term Users of Opioids (6 months or more), Functional improvement.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

Decision rationale: Although her use of tramadol predates 11/13/2013, there is no evidence from the documents reviewed she has benefited from the medication. The MTUS recommends continuing opioids if the patient has returned to work, or if the patient has improved functioning and pain; but to discontinue opioids if there is no overall improvement in function. Since there is no indication she has either returned to work or had made functional improvement, the request is not medically necessary.

1 Prescription of Tramadol ER 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain, When to Continue Opioids Opioids , long-term assessment: Criteria for Use Of Opioids, Long-term Users of Opioids (6 months or more), Functional improvement.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-80.

Decision rationale: Although her use of tramadol predates 11/13/2013, there is no evidence from the documents reviewed she has benefited from the medication. The MTUS recommends to continue opioids if the patient has returned to work, or if the patient has improved functioning and pain; but to discontinue opioids if there is no overall improvement in function. The 05/28/2014 report state she last worked in 2003, she is unable to lift more than 15-30 pounds. Therefore it is evident from the documented information she is not benefitting from this treatment, therefore the request is not medically necessary and appropriate.