

Case Number:	CM14-0179821		
Date Assigned:	11/04/2014	Date of Injury:	02/19/2012
Decision Date:	01/15/2015	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/29/2014

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 Occupational Medicine 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:

Injured worker is a female with date of injury 2/19/2012. Per orthopedic progress note dated 9/17/2014, the injured worker complains of back pain that is daily at 8-9/10. She uses tramadol ER for pain as well as ice and heat. She admits that low back pain radiates to the mid back. She admits to frequent spasms in the low back radiates to bilateral lower extremities. She also admits to frequent numbness and tingling in the low back that radiates to the right lower extremity. Pain increases when sitting longer than 30 minutes, standing longer than 45 minutes and walking longer than 10 to 15 minutes. She ambulates with a cane. She is able to lift a gallon with both hands. She is not working. She does minimal chores such as laundry. Her husband and children do all the chores for her. She admits that pain affects her sleep by waking her up at night. She had acupuncture sessions previously with the benefit of pain reduction. On examination she is not in acute distress. She paces back and forth in the room to relieve back pain. She refuses to perform lumbar flexion or extension due to pain. She ambulates with a cane. Diagnoses include 1) discogenic lumbar condition with disc disease from L2 through L5 2) mid back strain with spasm 3) carpal tunnel syndrome 4) chronic pain syndrome.

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 Page(s): 18-19.

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

Decision rationale: The MTUS Guidelines recommend the use of antiepilepsy drugs for neuropathic pain. Most randomized controlled trials for the use of antiepilepsy drugs for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy, with polyneuropathy being the most common example. There are few RCTs (randomized controlled clinical trials) directed at central pain, and none for painful radiculopathy. A good response to the use of antiepilepsy drugs has been defined as a 50% reduction in pain and a moderate response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response to this magnitude may be the trigger for switching to a different first line agent, or combination therapy if treatment with a single drug fails. 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 antiepilepsy drugs depends on improved outcomes versus tolerability of adverse effects. Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first line treatment for neuropathic pain. The injured worker appears to have neuropathic pain, but there is no evidence that she is having a good or moderate response (50% or 30% reduction in pain) with the use of gabapentin. The injured worker is also not working and unable to do most chores at home as her husband and children do them for her. There is no evidence that the use of gabapentin has provided significant functional improvement. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. The request for Gabapentin 600mg, #90 is determined to not be medically necessary.

Tramadol ER 150mg, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid section, Weaning of Medication section Page(s): 74-95, 124.

Decision rationale: Tramadol is a central acting synthetic opioid that exhibits opioid activity with a mechanism of action that inhibits the reuptake of serotonin and norepinephrine with side effects similar to traditional opioids. The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker is not working and her husband and children do all the chores for her. She does not appear to have sufficient pain control with the use of tramadol to have significant functional improvement. Medical necessity of this request has not been established within the

recommendations of the MTUS Guidelines. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for tramadol ER, 150 mg #30 is determined to not be medically necessary.