

Case Number:	CM14-0187959		
Date Assigned:	11/18/2014	Date of Injury:	10/16/1999
Decision Date:	01/06/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/11/2014

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 & Rehabilitation, Spinal Cord Injury and is licensed to practice in New York. 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 56-year-old female who reported an injury on 10/16/1999. The mechanism of injury was not submitted for review. The injured worker has diagnoses of schizophrenia, cervical post laminectomy syndrome, lumbar post laminectomy syndrome bilaterally, neck pain, low back pain, sciatica, myositis, radicular pain, and cervicogenic headaches. Physical medical treatment consists of epidural steroid injections, facet injections, trigger point injections, massage therapy, a TENS unit, laser/light therapy, spinal cord stimulator, physical therapy, psychotherapy/psychologist/psychiatrist, and medication therapy. Medications consist of Capsaicin, Celebrex, gabapentin, Xartemis, Lisinopril, and Levothyroxine. Diagnostics consist of a urine drug screen which was obtained on 10/25/2014. The test revealed that the injured worker was compliant with prescription medications. On 10/23/2014, the injured worker complained of back pain and lower extremity pain. The injured worker rated the current pain at 8/10, a 6/10 at least, and at worst 10/10. Physical examination of the cervical spine revealed no asymmetry, ecchymosis, or swelling. There was tenderness to palpation of the trapezius bilaterally, the levator scapulae bilaterally, the paraspinal muscles bilaterally, and the lower facets bilaterally. Range of motion revealed a flexion to the left of 85%, to the right 75%, rotation to the right was 75%, and to the left was 75%. Examination of the thoracic spine revealed kyphosis appeared to be normal with no tenderness of the paraspinals. Palpation of the lumbar spine revealed no tenderness of the greater trochanter, the sacrum, or the coccyx and tenderness of the lower facet joints (bilateral), and SI joints bilaterally. Soft tissue palpation revealed tenderness of the iliolumbar region. Active range of motion revealed a lateral flexion to the right of 60% of expected range of motion, to the left 60%, rotation to the right 75%, and to the left 75%. Sensation was intact. Special tests revealed no clonus at the ankle/knee. The

medical treatment plan is for the injured worker to continue with medications. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 100mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-22.

Decision rationale: The request for Gabapentin 100mg, #60 is not medically necessary. The California MTUS Guidelines state gabapentin has been shown to be effective for diabetic painful neuropathy and postherpetic neuralgia and has been considered a first line treatment for neuropathic pain. 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. The submitted documentation lacked any quantified evidence showing the efficacy of the medication. Furthermore, there was no indication of the gabapentin helping with any functional deficits the injured worker might have had. Additionally, there was no indication of the injured worker having a diagnosis of diabetic neuropathy. Given the above, the injured worker is not within recommended guideline criteria. As such, the request for Gabapentin 100mg, #60 is not medically necessary.

Xartemis 7.5-300mg #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

Decision rationale: The request for Xartemis 7.5-300mg #150 is not medically necessary. The California MTUS Guidelines state that for ongoing management of opioids, injured workers should include routine office visits and detailed documentation of the extent of pain relief, functional status in regard to activities of daily living, appropriate medication use and/or aberrant drug taking behaviors and adverse side effects. The pain assessment should include current pain; least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. The documentation did not indicate what the injured worker's pain levels were before, during, and after medication administration. Additionally, the submitted documentation did not include the efficacy of the medication, nor did it indicate that the medication was helping with any functional deficits. A urinalysis was submitted on 10/23/2014 showing that the injured worker

was compliant with prescription medications. However, the request as submitted did not indicate a frequency or duration for the medication. Given the above, the injured worker is not within recommended guideline criteria. As such, the request is not medically necessary.

Tramadol 50mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol; Ongoing management Page(s): 78, 82, 93, 94, 113.

Decision rationale: The request for Tramadol 50mg #120 is not medically necessary. The California MTUS Guidelines state for analgesic drugs such as tramadol, it is reported that the medication is to be effective in managing neuropathic pain and it is not recommended as a first line oral analgesic. The California MTUS recommends that there should be documentation of the 4 A's for ongoing monitoring including: analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. There should also be an assessment indicating what the injured worker's pain levels were before, during, and after medication administration. The use of drug screens is also recommended. The submitted documentation did not indicate the efficacy of the medication, nor did it indicate that it was helping with any functional deficits the injured worker might have had. There was a urine drug screen submitted in 10/2014 indicating that the injured worker was compliant with prescription medications. However, there were no assessments submitted for review showing what pain levels are before, during, and after medication administration. Furthermore, the request as submitted did not indicate a frequency or duration of the medication. Given the above, the injured worker is not within MTUS recommended guideline criteria. As such, the request is not medically necessary.