

Case Number:	CM14-0191775		
Date Assigned:	11/25/2014	Date of Injury:	09/22/2006
Decision Date:	01/20/2015	UR Denial Date:	10/25/2014
Priority:	Standard	Application Received:	11/17/2014

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 Anesthesia, has a subspecialty in Acupuncture & Pain 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:

This case involves a 41 year old female injured worker with date of injury 9/22/06 with related neck and low back pain. Per progress report dated 10/2/14, the injured worker had antalgic and slow gait which she utilized a walker in order to ambulate. Per physical exam of the cervical spine, range of motion was moderately too severely and was limited due to pain. Pain was significantly increased with flexion, extension, and rotation. Sensory examination showed decreased sensation in the bilateral upper extremities and affected dermatome C6. In the lumbar spine, tenderness was noted upon palpation bilaterally at L4-S1 levels. Range of motion was limited secondary due to pain. Pain was significantly increased with flexion, extension, and rotation. Sensory examination showed decreased sensitivity to touch in a stocking glove distribution in the feet and ankles bilaterally. Motor examination showed decreased strength bilaterally along L4-S1 nerve roots. Achilles and patellar reflexes were absent bilaterally. Treatment to date has included physical therapy, epidural steroid injection, and medication management. The date of UR decision was 10/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 500mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-65.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond non-steroidal anti-inflammatory drugs (NSAIDs) in pain and overall improvement. The documentation submitted for review indicates that the requested medication has been in use long term. As it is recommended only for short-term use, the request is not medically necessary.

Tramadol HCL 50mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 93.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines on page 78 regarding on-going management of opioids states, "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the '4 s' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records lacks documentation to support the medical necessity of tramadol. The medical records do not show documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes lack a review and documented pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity. Efforts to rule out aberrant behavior (e.g. CURES report, urine drug screening (UDS), opiate agreement) are necessary to assure safe usage and establish medical necessity. The documentation contains several UDS reports through 2013 which were consistent with prescribed medications. Based on the guidelines and the medical records available for review, this request is not medically necessary.

Gabapentin 600mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16-18.

Decision rationale: With regard to antiepilepsy drugs, the MTUS Chronic Pain Medical Treatment Guidelines states, "Fibromyalgia; Gabapentin and pregabalin have been found to be safe and efficacious to treat pain and other symptoms. (Arnold, 2007) (Crofford, 2005) Pregabalin is FDA approved for fibromyalgia." Per MTUS Chronic Pain Medical Treatment Guidelines, "Gabapentin (Neurontin) 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." Per MTUS Chronic Pain Medical Treatment Guidelines page 17, "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 documentation submitted for review indicates that the injured worker has been using this medication since at least 7/2014. While it was noted that the injured worker experienced 40% relief of pain, there was no documentation of functional improvement. Therefore, this request is not medically necessary.