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| Case Number: | CM14-0196242 | | |
| Date Assigned: | 12/04/2014 | Date of Injury: | 09/30/2010 |
| Decision Date: | 01/15/2015 | UR Denial Date: | 10/24/2014 |
| Priority: | Standard | Application Received: | 11/24/2014 |

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 Internal 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:

The injured worker (IW) is a 57-year-old man with a date of injury of September 30, 2010. The mechanism of injury was not documented in the medical record. The Current working diagnoses are exacerbated cervical pain; cervical radiculopathy; chronic lumbar pain; lumbar radiculopathy; bilateral knee tendinosis; history of left knee anterior cruciate ligament repair; bilateral shoulder tendinosis and wrist tendinosis; depression and anxiety. Pursuant to the October 1, 2014 Primary Treating Physician's Pain Management Evaluation, the IW has continued neck, low back, bilateral knee, bilateral shoulder, and wrist pain. He is not undergoing any physical therapy or other modes of treatment. He remains on Tramadol 50mg, as well as Gabapentin. The earliest progress note in the medical record is dated August 1, 2014 whereby the IW was taking Tramadol and Gabapentin. Documentation indicated that despite taking both Tramadol and Gabapentin, the IW reports neck and upper extremity pain have increased rating pain 9/10. . The September 2014 documented the same. There were no detailed pain assessments or documentation of functional improvement associated with the aforementioned medications. On physical examination, the IW showed no signs of sedation. Gait is antalgic. Tenderness and spasm in the lumbar spine is noted with decreased range of motion. Decreased tenderness with some guarding of the knee joint remains especially of the left side is noted. The treatment plan includes continue Gabapentin 300mg and Tramadol 50mg. The current request is for Neurontin (Gabapentin) 300mg #30 X 4, and Tramadol 50mg #60 X 2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 300mg #30 x 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs Page(s): 16-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Neurontin

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Neurontin 300 mg #30 with four refills is not medically necessary. Neurontin (gabapentin) is recommended for some neuropathic pain conditions. Gabapentin is associated with a modest increase in the number of patients experiencing meaningful pain reduction. It is an anti-epilepsy drug (AED) and is a first-line treatment for neuropathic pain. In this case, the injured worker's diagnoses were cervical radiculopathy; chronic lumbar pain; lumbar radiculopathy with a, bilateral knee tendinosis; bilateral shoulder tendinosis and wrist tendinosis. Neurontin was prescribed in a progress note dated August 14, 2014. The documentation indicates the injured worker benefited from the Neurontin. This was noted in a September 2014 progress note and in October 2014 progress note. However, the documentation did not contain specific objective functional improvement with regards to Neurontin. There was no decrease or change in medication dosage or frequency. Consequently, absent the appropriate clinical documentation and objective functional improvement and ongoing use with refills, Neurontin 300 mg #34 refills is not medically necessary.

Tramadol 50mg #60 x 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tramadol 50 mg #60 with two refills is not medically necessary. Chronic, ongoing opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's diagnoses were cervical radiculopathy; chronic lumbar pain; lumbar radiculopathy, bilateral knee tendinosis; bilateral shoulder tendinosis and wrist tendinosis. Tramadol was prescribed in August 1, 2014 progress note. Documentation is unclear as to whether this was a renewal for the start date for tramadol. The documentation in the August 2014 progress notes indicates he injured worker was having increased pain despite the use of Tramadol. Tramadol was renewed in subsequent documentation without indicating objective functional improvement.

The treating physician is now requesting renewal of Tramadol 50 mg #60 with two additional refills. Consequently, absent the appropriate documentation supporting the ongoing chronic use of an opiate and evidence of objective functional improvement, Tramadol 50 mg #60 with 2 refills is not medically necessary.