

Case Number:	CM14-0203430		
Date Assigned:	12/15/2014	Date of Injury:	11/03/2012
Decision Date:	02/06/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/05/2014

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 Rehab, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 66-year old male who had a work injury dated 11/3/12. The diagnoses include Osteoarthritis of the hip, low back pain, status post right knee replacement on 03/15/2013 with manipulation under anesthesia on 08/19/2013 with persistent lack of mobility of the right knee, bilateral hip replacements, and right shoulder replacement. There is an 11/24/14 progress note that states that the patient states he needs to refill his medications. He falls to the side. He has left hip pain aggravated by taking the weight off of his right leg and low back pain. His medications include Neurontin and Ultram. On exam he is a well-developed, well-nourished male. His psychiatric, neurological, skin, head exam was normal His neck exam revealed tenderness and decreased range of motion. There was right popliteal tenderness, right tender knee with effusion and decreased range of motion. His spinal exam was normal. The treatment plan included Norco 10/325 one by mouth every 3 hours prn pain #240.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50MG #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 76-77, 78-80.

Decision rationale: Tramadol 50MG #180 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the 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. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation does not reveal evidence of functional improvement or pain assessment as recommended by the MTUS. It is unclear what non-opioid treatment the patient has failed. The request for Tramadol 50mg #180 is not medically necessary.

Gabapentin 400MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter

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

Decision rationale: Gabapentin 400MG #30 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that Gabapentin is recommended for neuropathic pain. The guidelines state that after initiation of antiepileptic such as Gabapentin treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The documentation does not indicate significant evidence of functional improvement or pain relief on the documentation submitted. The documentation is not clear that the patient has neuropathic pain. Therefore the request for Gabapentin 400mg #30 is not medically necessary.