

Case Number:	CM14-0206723		
Date Assigned:	12/18/2014	Date of Injury:	01/06/2012
Decision Date:	02/20/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/10/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 49 year old female who was injured on 1/6/2012. The diagnoses are neck pain, fibromyalgia, lumbar stenosis, lumbar strain, lumbar radiculopathy and myofascial pain syndrome. The 2012 MRI of the lumbar spine showed multilevel disc bulges, spinal stenosis and facet arthropathy. On 11/14/2014, there was subjective complaint of low back pain radiating to the lower extremities associated with numbness and tingling sensations. The pain was described as burning, electric like with needle sensation. There was associated leg weakness. The objective findings were tenderness of the paraspinal area of cervical and lumbar spines, muscle spasm, positive straight leg raising test and decreased sensation of the left L5 and S1 dermatomes. There is documentation of non-compliance with clinic visits, attending clinics at other providers for about 1 year and then returning for prescriptions. An 8/20/2014 UDS report showed the presence of THC metabolite. The medications listed are Norco, Methadone, Effexor, baclofen and Neurontin. A Utilization Review determination was rendered on 11/25/2014 recommending partial certification for Tramadol ER 150mg #30 and Neurontin 600mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 111,113,119. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter. Opioids. Tramadol

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of severe exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic treatment with opioids is associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with other sedatives. It is recommended that compliance monitoring including UDS, aberrant behavior and adverse effects be documented during chronic opioid treatment. The records indicate that the patient was non-compliant with follow up clinic visits and treatment contract by obtaining medication from other doctors without notification or transferring care from her provider. The UDS showed the presence of THC metabolite. There is a risk of adverse drug interaction of THC with opioid medications. The criteria for the use of Tramadol ER 150mg #30 were not met. Therefore the request is not medically necessary.

Neurontin 600mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 18.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Anticonvulsant.

Decision rationale: The CA MTUS and the ODG guidelines recommend that anticonvulsants can be utilized as first line medications for the treatment of neuropathic pain and chronic pain with psychosomatic symptoms. The records indicate that the patient had subjective and objective findings consistent with neuropathic like lumbar radiculopathy. The pain was described as burning and electric like. There was associated tingling and numbness sensation with decreased sensation in the lower extremities. The patient had responded to treatment with gabapentin in the past. The criteria for the use of Neurontin 600mg #90 were met. Therefore the request is medically necessary.