

<b>Case Number:</b>	CM14-0209568		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	06/01/2002
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	11/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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, has a subspecialty in Hospice Palliative Medicine and is licensed to practice in Pennsylvania. 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 61-year-old gentleman with a date of injury of 06/01/2002. The submitted and reviewed documentation did not identify the mechanism of injury. Treating physician notes dated 10/10/2014 and 11/10/2014 indicated the worker was experiencing lower back pain that went into the legs, right ankle and knee pain, left elbow pain, and numbness in the tops of both feet. Documented examinations consistently described lower back muscle tightness, decreased sensation following the L5 spinal nerve path, tenderness in the at the sciatic notches and sacroiliac joints, positive Gaenslen's and Patrick's signs on the right, positive lumbar trigger points, and positive testing involving raising the straightened left leg. The submitted and reviewed documentation concluded the worker was suffering from chronic pain syndrome, lower back pain with strain, myalgia, numbness, right ankle and knee pain, and left elbow pain. Treatment recommendations included medications, massage therapy, steroid medications injected at the left L3 and L4 levels, urinary drug screen testing, and evaluation by a spine surgeon. A urinary drug screen testing report dated 10/10/2014 showed findings that were consistent with the prescribed medications. A Utilization Review decision was rendered on 11/28/2014 recommending non-certification for sixty tablets of tramadol-ER 150mg and ninety tablets of Neurontin (gabapentin) 600mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol ER 150mg quantity 60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 74-95,124.

**Decision rationale:** Tramadol-ER is a long-acting medication in the opioid class. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, the length of time the pain relief lasts, use and of drug screening with issues of abuse or addiction. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, an individualized taper is recommended. The submitted and reviewed documentation indicated the worker was experiencing lower back pain that went into the legs, right ankle and knee pain, left elbow pain, and numbness in the tops of both feet. The documented pain assessments contained the majority of the elements encouraged by the Guidelines and described significantly improved pain intensity and function with the use of this medication. While an individualized risk assessment was not recorded, evidence of vigilant monitoring and continuous reassessment was described and demonstrated. In light of this supportive evidence, the current request for sixty tablets of tramadol-ER 150mg is medically necessary.

**Gabapentin/Neurontin 600mg quantity 90:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs) Page(s): 16-19.

**Decision rationale:** Neurontin (gabapentin) is a medication in the antiepilepsy drug class. The MTUS Guidelines recommend its use for the treatment of neuropathic pain for its efficacy and favorable side effect profile. Documentation should include the change in pain and function at each visit, especially during the dose adjustment phase. The submitted and reviewed notes indicated the worker was experiencing lower back pain that went into the legs, right ankle and knee pain, left elbow pain, and numbness in the tops of both feet. The documented pain assessments were thorough and described both significantly improved pain intensity and function with the use of this medication. In light of this supportive evidence, the current request for ninety tablets of Neurontin (gabapentin) 600mg is medically necessary.

