

Case Number:	CM15-0001763		
Date Assigned:	01/12/2015	Date of Injury:	02/05/2013
Decision Date:	04/07/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	01/05/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 34 year old male, who sustained an industrial injury on 02/05/2013. He has reported subsequent low back pain radiating to the lower extremities. The diagnoses have included L4-L5 and L5-S1 discogenic disease with radiculopathy and facet arthropathy. Treatment to date has included oral pain medication, a lumbar back brace, chiropractic therapy and physical therapy. Currently the injured worker complains of continued pain in the low back with radiation to the lower extremities that was made worse with activity. The injured worker was noted to have less of an antalgic gait but was noted to have a lot of discomfort and to be very stressed. Detailed objective examination findings were not documented in the most recent physician progress note. A request was made for refills of Gabapentin and Tramadol. On 12/09/2014, Utilization Review non-certified a request for Gabapentin noting that there was minimal evidence of objective improvement to warrant ongoing use and modified the request for Tramadol from 50 mg #93 with 2 refills to 50 mg #24 between 11/20/2014 and 3/4/2015 noting that long term use was not recommended and that there was not a notable objective improvement in functionality with the use of this medication. MTUS Chronic Pain Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Tramadol 50mg #93 with 2 refills: Upheld

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

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 #93 with two refills is not medically necessary. Ongoing, chronic 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 for pain and function. In this case, the injured worker's working diagnoses are lumbar DDD with residual disc at L5-S1; and residual low back pain with occasional lumbar radiculopathy bilaterally. Subjectively, the injured worker complains of low back pain with discomfort radiating down both lower extremities. Objectively, the lumbar spine is tentative palpation with no evidence of spasms; neurologically intact. Tramadol was started January 23, 2014. The documentation does not contain evidence of objective functional improvement as it relates to tramadol. There are no risk assessments and there are no detailed pain assessments in the medical record. Consequently, absent clinical documentation with objective functional improvement to support the ongoing use of Tramadol 50 mg, Tramadol 50 mg #93 with two refills is not medically necessary.

One prescription of Gabapentin 200mg #31 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drug.

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, Gabapentin 200 mg #31 with two refills is not medically necessary. Gabapentin is recommended for some neuropathic pain conditions and fibromyalgia. Gabapentin is associated with a modest increase in the number of patients experiencing meaningful pain reduction. Gabapentin is an anti-epilepsy drug (AED). In this case, the injured worker's working diagnoses are lumbar DDD with residual disc at L5-S1; and residual low back pain with occasional lumbar radiculopathy bilaterally. Subjectively, the injured worker complains of low back pain with discomfort radiating down both lower extremities. Objectively, the lumbar spine is tentative palpation with no evidence of spasms; neurologically intact. The documentation indicates gabapentin was started June 12, 2014. The treating physician did not document objective functional improvement associated with gabapentin use. Consequently, absent clinical documentation with objective functional improvement to support the ongoing use of Gabapentin, Gabapentin 200 mg #31 2 refills is not medically necessary.

