

Case Number:	CM15-0007007		
Date Assigned:	01/22/2015	Date of Injury:	10/15/2001
Decision Date:	04/10/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/13/2015

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: New York
 Certification(s)/Specialty: Anesthesiology

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 67 year female who sustained an industrial injury on October 15, 2001. She has reported musculoskeletal pain and has been diagnosed with low back pain, myalgia and myositis, pain in the thoracic spine, neck pain, and chronic pain syndrome. Treatment to date has included cymbalta, ultram, neurontin, and trigger point injections. Currently the injured worker complains of pain to joints, face, and skin that was aggravated by movement. The treatment plan has included medication and trigger point injections. On January 7, 2015 Utilization Review modified Tramadol HCL 50 mg # 300, neurontin 300 mg # 450, cymbalta 60 mg # 180, cymbalta 30 mg #150, and denied Trigger point injections # 3 citing the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL50mg QTY: 300: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 93-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain.

Decision rationale: According to the California MTUS, Tramadol is a synthetic opioid which affects the central nervous system and is indicated for the treatment of moderate to severe pain. The treatment of chronic pain, with any opioid, requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. According to the medical records, there is documentation of functional benefit from the medication's pain relief effectiveness. There is documentation that the patient has responded to ongoing opioid therapy. Medical necessity for the requested item has been established. The requested treatment with Tramadol is medically necessary.

Neurontin 300mg QTY:450: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18-19, 49, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neurontin (Gabapentin) Page(s): 17-19, 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) .

Decision rationale: According to the CA MTUS (2009) and ODG, Neurontin (Gabapentin) is an anti-epilepsy drug, which has been considered a first-line treatment for neuropathic pain. The records documented that the patient has neuropathic pain (radiculopathy) related to her chronic low back pain. Neurontin has been part of her medical regimen and has proved beneficial. A good response to the medication therapy is described as a 50% reduction in pain. Medical necessity for the requested item has been established. The requested medication is medically necessary.

Cymbalta 60mg QTY: 180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43-44.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta Page(s): 43-44.

Decision rationale: According to California MTUS Guidelines Cymbalta is a first-line treatment option in neuropathic pain. The medication is a serotonin-norepinephrine reuptake inhibitor (SNRI). It is prescribed for major depressive disorder, generalized anxiety, fibromyalgia, and neuropathic pain. The documentation indicates that the medication has proved beneficial in the treatment of the claimant's chronic pain condition. Medical necessity for the requested item has been established. The requested medication is medically necessary.

Cymbalta 30mg QTY:150: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43-44.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta Page(s): 43-44.

Decision rationale: According to California MTUS Guidelines Cymbalta is a first-line treatment option in neuropathic pain. The medication is a serotonin-norepinephrine reuptake inhibitor (SNRI). It is prescribed for major depressive disorder, generalized anxiety, fibromyalgia and neuropathic pain. The documentation indicates that the medication has proved beneficial in the treatment of the patient's chronic pain condition. Medical necessity for the requested item has been established. The requested medication is medically necessary.

Trigger Point Injections QTY: 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

Decision rationale: According to California MTUS Guidelines, trigger point injections with local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: 1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; 2)Symptoms have persisted for more than three months; 3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs, and muscle relaxants have failed to control pain. In this case, the available clinical documentation does not demonstrate the failure of medical management therapies such as, ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants to control pain. Medical necessity for the requested injections have not been established. The requested trigger point injections are not medically necessary.