MAXIMUS Federal Services

Case Number:	CM15-0131781		
Date Assigned:	07/20/2015	Date of Injury:	07/27/2013
Decision Date:	08/14/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/08/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 38-year-old male who sustained an industrial injury on 7/27/2013 resulting in rib, back, and abdominal pain. He was diagnosed with fractured ribs, bruised kidneys and left flank hernia, and, subsequently, status post hernia repair and cervical and lumbar myofascial pain. Documented treatment has included ventral hernia repair with mesh, and medication, which has helped reduce pain. The injured worker is currently presenting with flank pain and bulging behind the incision from earlier hernia repair. The treating physician's plan of care includes potential surgical repair; and, Tramadol 50 mg, and Gabapentin 300 mg, 3 times per day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg, orally, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list - Tramadol (Ultram; Ultram ER; generic available in immediate release tablet); Opioids, criteria for use; Weaning of Medications Page(s): 93-94, 78-80, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 92-93.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic, medication options (such as acetaminophen or NSAIDs), and when there is evidence of moderate to severe pain. Although it may be a good choice in those with back pain, the clamant had been on Tramadol for several months long with prior Ibuprofen and recently Gabapentin. There was no mention of Tylenol failure. Pain level reduction was on average 2 points. Recent pain levels were noted to be moderate but reduction is scores were not noted. Continued use of Tramadol is not medically necessary.

Gabapentin 300mg, 1 orally 3 times a day, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18.

Decision rationale: According to the MTUS guidelines: Gabapentin (Neurontin) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Neurontin is also indicated for a trial period for CRPS, lumbar radiculopathy, Fibromyalgia and Spinal cord injury. In this case, the claimant does not have the stated conditions approved for Gabapentin use. In addition, there was no mention of failure of other medications such as Tylenol and pain reduction scores with medications were not recently noted. The Gabapentin is not medically necessary.