

Case Number:	CM15-0132677		
Date Assigned:	07/20/2015	Date of Injury:	01/08/1996
Decision Date:	08/20/2015	UR Denial Date:	06/20/2015
Priority:	Standard	Application Received:	07/09/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 76 year old male, who sustained an industrial injury on January 08, 1996. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having chronic pain, lumbar radiculopathy, status post fusion of the lumbar spine at lumbar three through sacral one, and atrial fibrillation. Treatment and diagnostic studies to date has included medication regimen, use of a transcutaneous electrical nerve stimulation unit, and status post caudal epidural steroid infusion at bilateral four through sacral one. In a progress note dated April 09, 2015 the treating physician reports complaints of moderate to severe, aching, dull, throbbing pain to the intermittent low back with constant numbness and muscle weakness to the bilateral lower extremities and muscle spasms to the low back. Examination revealed tenderness to the lumbar spine from lumbar four through sacral one and an antalgic gait. The injured worker's medication regimen included Gabapentin (Neurontin) and Tramadol. The injured worker's pain level was rated a 3 out of 10 with the use of his medication regimen and rates the pain level a 5 out of 10 without the use of his medication regimen. The injured worker noted that his medication regimen assists with his pain, but the documentation noted that the injured worker has difficulty with activities of daily living secondary to pain. The treating physician requested the medication of Tramadol 50mg with a quantity of 180 noting current use of this medication to be used as needed for pain. The treating physician also requested the medication of Neurontin 100mg with a quantity of 180 noting current use of this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 100mg quantity 180: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16.

Decision rationale: The patient presents with chronic pain. The current request is for Neurontin 100mg quantity 180. The treating physician states, in a report dated 04/09/15, "Neurontin 100 Mg Capsule SIG: 2 every morning, 1 every afternoon, 3 every evening QTY: 180.00 REF: 1." (20B) The MTUS guidelines state, "Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." In this case, the treating physician states, "Gabapentin: renew as previously prescribed. Beneficial with intended effect at prescribed dose." However, the treating physician also notes "Patient reports the 300mg form of gabapentin is mood altering but he can tolerate 3 of the 100mg tabs as prescribed without difficulty." Records available for review show that the patient has been on Neurontin since at least October of 2014. There is no documented quantifiable functional improvement to justify continued use of this medication, particularly in light of the patient's disclosure about his mood being altered. The current request is not medically necessary.

Tramadol 50mg quantity 180: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient presents with chronic pain. The current request is for Tramadol 50mg quantity 180. The treating physician states, in a report dated 04/09/15, "Tramadol 50mg #30 SIG: take 1 tab by mouth three times daily as needed for pain QTY: 180.00." (20B) For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treating physician has not documented that the patient has any relief with medication usage. There are no before or after pain scales used. There is no discussion regarding ADLs or any functional improvements with medication usage. There is no mention of side effects or aberrant behaviors, CURES or UDS found in the records. The MTUS guidelines require much more thorough

documentation for ongoing opioid usage. The current request is not medically necessary.