

Case Number:	CM15-0140631		
Date Assigned:	07/30/2015	Date of Injury:	09/01/2011
Decision Date:	08/28/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/20/2015

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: Massachusetts

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

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 (IW) is a 38 year old male who sustained an industrial injury on 09/01/2011. The original injury report and mechanism of injury are not found in the records provided. The injured worker was diagnosed as having displacement of lumbar intervertebral disk. Treatment to date has included medications and a home exercise program. Epidural steroid injections and acupuncture did not help. He does use a tens unit. He has had a surgical consultation but prefers to avoid surgery. Currently, the injured worker complains of chronic low back pain, poor concentration, depression but no anxiety. He denied balance problems, memory loss, numbness, seizures, tremors and weakness, hallucinations, and suicidal thoughts. He complains of lower back pain with pain radiating down his left lower extremity. He takes tramadol ER, gabapentin, and uses Capsaicin cream on his low back pain. He also uses a transcutaneous electrical nerve stimulation (TENS) unit. The medications give about 30-50% reduction in the pain. Objectively, he has a normal gait, normal muscle tone, and no decrease in motor power or ataxia. The plan of care is for medication refills and continuation of the home exercise program and TENS unit. A request for authorization was made for the following: 1. Tramadol HCL 150 mg #60 2. Gabapentin 600 mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL 150 mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 93-94, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant sustained a work-related injury in September 2001 and is being treated for chronic low back pain. Medications are referenced as providing 30-50% pain relief. Acupuncture and an epidural steroid injection had not helped. He was trying to avoid surgery. He had been able to return to work as a truck driver. When seen, symptoms included radiating pain into the left lower extremity. There was a normal examination. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Tramadol ER is a sustained release opioid used for treating baseline pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing decreased pain and the claimant is working. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.

Gabapentin 600 mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-18.

Decision rationale: The claimant sustained a work-related injury in September 2001 and is being treated for chronic low back pain. Medications are referenced as providing 30-50% pain relief. Acupuncture and an epidural steroid injection had not helped. He was trying to avoid surgery. He had been able to return to work as a truck driver. When seen, symptoms included radiating pain into the left lower extremity. There was a normal examination. Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. When used for neuropathic pain, guidelines recommend a dose titration of greater than 1200 mg per day. In this case, the claimant's Gabapentin dosing is 2400 mg per day consistent with that recommendation and he has left lower extremity radicular neuropathic pain. Ongoing prescribing was medically necessary.