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| <b>Case Number:</b>   | CM15-0145421 |                              |            |
| <b>Date Assigned:</b> | 08/06/2015   | <b>Date of Injury:</b>       | 10/25/2011 |
| <b>Decision Date:</b> | 09/22/2015   | <b>UR Denial Date:</b>       | 07/07/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/27/2015 |

### 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 64 year old male who sustained an industrial injury on October 25, 2011. A recent secondary treating office visit dated February 03, 2015 reported subjective complaint of low back pain radiating down bilateral legs to feet. Previous treatment to include: activity modification, medications, and a course of physical therapy. He states taking the following medications: Gabapentin 600 mg, Mobic, and Tramadol. The following diagnoses were applied: lumbar stenosis; lumbar radiculopathy, and lumbar degenerative disc disease. The plan of care noted continue with ambulation, current medication regimen, and discussion regarding both injections and acupuncture for treatment with note the worker wishes to decline both at this time. Of note, Gabapentin with first increase in dose February 2015 and increased to 800mg in March 2015. A primary treating follow up dated April 08, 2015 reported the following treating diagnoses: lumbago, chronic pain syndrome, lumbar radiculitis, and lumbar spinal stenosis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use for a therapeutic trial of opioids.

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

**Decision rationale:** The patient presents with pain affecting the low back. The current request is for Tramadol 50mg #60. The treating physician states in the report dated 7/27/15, "Will continue tramadol 50mg po bid PRN breakthrough pain #60." (49B) The treating physician also documented that the patient rated their pain as a 8/10 without medication and a 4-5/10 with medication. For chronic opiate use, the 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 4As (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 documented that the patient has decreased pain, is able to perform ADLs, has not had any side effects to the medication, and has not demonstrated any aberrant behaviors. The current request is medically necessary.

**Gabapentin 800mg #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49.

**Decision rationale:** The patient presents with pain affecting the low back. The current request is for Gabapentin 800mg #90. The treating physician states in the report dated 7/27/15, "Will continue gabapentin 800mg pot id #90 and continue to titrate to pain relief." (49B) The MTUS guidelines state "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 has documented that the patient has complaints of paresthesia affecting the lower back and extremities that is improved with Gabapentin. The current request is medically necessary.

**Meloxicam 15mg #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

**Decision rationale:** The patient presents with pain affecting the low back. The current request is for Meloxicam 15mg #30. The treating physician states in the report dated 7/27/15, "Will continue meloxicam 15mg po qd #30 for anti-inflammatory effects." (49B) The MTUS

guidelines state, "Recommended at the lowest dose for the shortest period in patients with moderate to severe pain." In this case, the treating physician has documented that the prescribed medication has been effective in reducing pain and improving the patient's ability to function. The current request is medically necessary.

**Urine drug screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Urine drug testing (UDT).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain, Urine Drug Screen.

**Decision rationale:** The patient presents with pain affecting the low back. The current request is for Urine drug screen. The treating physician states in the report dated 7/27/15, "Patient with UDS consistent with the prescribed medications." (49B) The patient recently had a urine drug screen on 5/7/15. (31B) The ODG Guidelines state, "Recommended as a tool to monitor compliance with prescribed substances." The ODG guidelines only recommend testing more than once a year for patients who are considered moderate or high risk. In this case, the treating physician has not documented any signs that the patient would be considered moderate or high risk for opiate usage. The current request is not medically necessary.