

Case Number:	CM15-0145751		
Date Assigned:	08/07/2015	Date of Injury:	04/26/2012
Decision Date:	09/30/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/28/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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 is a 49-year-old male, who sustained an industrial injury on April 26, 2012. He reported neck, right shoulder and mid-back pain. The injured worker was diagnosed as having thoracic and cervical degenerative disc disease, myofascial pain, cervical radiculopathy and right shoulder joint pain. Treatment to date has included diagnostic studies, cervical epidural steroid injection (CESI), conservative care, physical therapy, chiropractic care, home exercise plan, TENS unit, heating pad, medications and work restrictions. Currently, the injured worker continued to report continued neck pain, right shoulder pain and mid-back pain. The injured worker reported an industrial injury in 2012, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. Evaluation on December 5, 2014, revealed continued pain as noted. He rated his pain at 4 on a 1-10 scale with 10 being the worst. He was scheduled for CESI on December 18, 2014. Functional capacity exam on January 7, 2015, revealed the injured worker could lift 50 pounds and could work full time. Evaluation on April 21, 2015, revealed continued pain as noted. He rated his pain at 0-1 on a 1-10 scale with 10 being the worst. He reported a significant decrease in pain since CESI in December 2014. He reported using Tramadol as needed for pain. He denied side effects and constipation. Gabapentin was continued. Evaluation on June 25, 2015, revealed continued pain as noted. It was noted previous CESI improved his pain significantly and he was able to reduce his use of Tramadol. He reported pain medications improved his pain by 50%. He rated his pain at 2 on a 1-10 scale with 10 being the worst. He continued to use a home TENS unit, heating pads and to perform home exercises. It was noted he displayed no aberrant drug behaviors. He reported working full time. Gabapentin 300 mg #60 and Tramadol/APAP 37.5/325 mg #60 were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300 mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Anticonvulsant.

Decision rationale: The CA MTUS and the ODG guidelines recommend that anticonvulsant medications can be utilized for the treatment of neuropathic and chronic pain syndrome. The utilization of anticonvulsant medications can result in pain relief, reduction in analgesic utilization and functional restoration. The records indicate that the patient had maintained low pain scores and functional restoration with utilization of gabapentin. There is no report of adverse effect. The criteria for the use of gabapentin 300mg #60 was medically necessary.

Tramadol/APAP 37.5/325 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111,113, and 119. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of exacerbation of musculoskeletal pain when standard treatments with NSAIDs, non-opioid co-analgesics and PT. The chronic use of opioids can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with other sedative agents. The records did not indicate that the subjective and objective findings are consistent with a diagnosis of the presence of severe pain state that requires treatment with opioid medications. The patient is consistently reporting minimal levels of pain scores. The criteria for the use of Tramadol / APAP 37.5mg/325mg #60 was not medically necessary.