

Case Number:	CM15-0148184		
Date Assigned:	08/11/2015	Date of Injury:	02/02/2007
Decision Date:	09/14/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/30/2015

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 63 year old female, who sustained an industrial injury on 2-2-07. The diagnoses have included brachial neuritis, cervical pain and spasm. Treatment to date has included medications, activity modifications, work modifications and other modalities. Currently, as per the physician progress note dated 2-14-15, the injured worker complains of continued neck pain with good days and bad days. He reports that the medications give him pain relief. The current medications included Tramadol, Gabapentin and Soma. The objective findings reveal that there is slight decreased strength on the right. The documentation submitted within the medical records was difficult to decipher. The physician requested treatments included Gabapentin 300mg #240 and Tramadol HCL 50mg (unspecified quantity).

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg #240: Overturned

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

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

Decision rationale: The patient presents with pain affecting the cervical spine. The current request is for Gabapentin 300mg #240. The treating physician states in the report dated 7/16/15, "Medications Gabapentin 2 tablets 3 x a day." (24B) 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 listed a diagnosis of brachial neuritis, which causes neuropathic pain. The current request is medically necessary.

Tramadol HCL 50mg (unspecified quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Criteria for use of Opioids Page(s): 78-80, 93-94 and 124.

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

Decision rationale: The patient presents with pain affecting the cervical spine. The current request is for Tramadol HCL 50mg (unspecified quantity). The treating physician states in the report dated 7/16/15, "Medications Tramadol 1 tablets 4 x a day." (24B) 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 not documented a before and after pain scale, if the patient is able to perform ADLs, if the patient has had any side effects, or if the patient has had any aberrant behaviors. Additionally, this request did not come with a specific quantity, which is not permitted by IMR guidelines. The current request is not medically necessary.