

Case Number:	CM15-0160958		
Date Assigned:	08/27/2015	Date of Injury:	06/10/1994
Decision Date:	10/13/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/17/2015

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: New York
 Certification(s)/Specialty: Internal Medicine

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 65 year old female, who sustained an industrial injury on 6-10-94. She reported right arm, low back and neck injury following a door coming off the hinge and she raised her arm to try to protect herself. The injured worker was diagnosed as having spinal stenosis, cervical radiculopathy, post laminectomy syndrome, claudication, chronic osteoarthritis, arachnoid cyst with shunt, hypothyroidism, chronic tramadol and obesity. Treatment to date has included injections to neck and lower back, neck surgery, physical therapy, oral medications including Soma 350mg, Tramadol 50mg, Naproxen 250mg and Lyrica 75mg; lumbar laminectomy and activity restrictions. Currently on 7-29-15, the injured worker complains of chronic low back pain and sacroiliac joint dysfunctional pain. She rated the pain 5 out of 10 with medications and 9 out of 10 without medications. Physical exam performed on 7-29-15 revealed no documented abnormalities. A request for authorization was submitted on 6-26-15 and 7-29-15 for Tramadol 50mg #60, Soma 350mg #90, Naproxen 500mg #60 and Gabapentin 300mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The medication requested for this patient is Tramadol. According to the California MTUS, Tramadol is a synthetic opioid which affects the central nervous system and is indicated for the treatment of moderate to severe pain. The treatment of chronic pain, with any opioid, requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. According to the medical documentation there has been no indication of the medication's pain relief effectiveness and no clear documentation that the patient has responded to ongoing opioid therapy. The injured worker has utilized Tramadol since at least 11-26-14. In this case, there is no compelling evidence presented by the treating provider that indicates in this injured worker, continuing this medication has been effective in maintaining any measurable objective evidence of functional improvement. Medical necessity of the requested item has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. The requested treatment: Tramadol 50mg #60 with 3 refills is not medically necessary and appropriate.

Soma 350mg #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The CA MTUS does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short term exacerbations of chronic low back pain. Soma (Carisoprodol) is the muscle relaxant requested in this case. This medication is sedating. No reports show any specific and significant improvements in pain or function as a result of prescribing muscle relaxants. According to the MTUS guidelines, Soma is categorically not recommended for chronic pain, noting its habituating and abuse potential. The injured worker has received Soma since at least 11-26-14. Medical necessity for the requested medication has not been established. Discontinuation should include a weaning process, to avoid withdrawal symptoms. The requested treatment: Soma 350mg #90 with 3 refills is not medically necessary.

Naproxen 250mg #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Naproxen is a non-steroidal anti-inflammatory drug (NSAID). Oral NSAIDs are recommended for the treatment of chronic pain and control of inflammation as a second-line therapy after acetaminophen. ODG states that NSAIDs are recommended for acute pain, osteoarthritis, acute low back pain (LBP) and acute exacerbations of chronic pain, and short-term pain relief in chronic LBP. There is no evidence of long-term effectiveness for pain or function. There is inconsistent evidence for the use of NSAIDs to treat long-term neuropathic pain. Guidelines recommended that the lowest effective dose be used for the shortest duration of time consistent with treatment goals. In this case, the injured worker had used Naproxen since at least 11-26-14. There was no documentation of objective benefit from use of this medication. Medical necessity of the requested medication has not been established. The request for Naproxen is not medically necessary.

Gabapentin 300mg #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: According to the CA MTUS (2009), Gabapentin is an anti-epilepsy drug, which 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. The records documented that this patient has neuropathic pain related to her chronic low back condition. Gabapentin has been part of her medical regimen. However, there is no documentation of subjective or objective findings consistent with current neuropathic pain to necessitate use of Gabapentin. Review of medical records do not indicate that continuing this medication in this injured worker, has been effective in maintaining any measurable objective evidence of functional improvement. Medical necessity for Neurontin has not been established. The requested Treatment: Gabapentin 300mg #90 with 3 refills is not medically necessary.