

Case Number:	CM15-0163524		
Date Assigned:	09/09/2015	Date of Injury:	10/27/2009
Decision Date:	10/15/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	08/20/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 53 year old female, who sustained an industrial injury on 10-27-09. She reported tripping over a power cord resulting in low back and neck pain. The injured worker was diagnosed as having lumbar radiculopathy, lumbago, chronic pain syndrome, failed back syndrome, and cervical radiculopathy. Treatment to date has included lumbar fusion in 2014, cervical epidural injections, physical therapy, and medication. The injured worker had been taking Gabapentin since at least 1-21-15 and Tramadol since at least 2-18-15. On 6-9-15 the injured worker reported difficulty putting on shoes, standing, walking, leaning back, sitting, stooping, reaching, squatting, bending forward, standing for long periods, sitting for long periods, walking for long periods, kneeling for long periods, carrying, lifting, and climbing stairs. Currently, the injured worker complains of whole body pain and numbness in bilateral arms, legs, and feet. The treating physician requested authorization for Gabapentin 300mg #90 and Tramadol 50mg #60. On 7-20-15, the requests were non-certified. The utilization review physician noted based on the prior review, the claimant should have already been completely weaned from the requested medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300 mg #90: Overturned

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

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

Decision rationale: According to the MTUS guidelines: Gabapentin (Neurontin) 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. Neurontin is also indicated for a trial period for CRPS, lumbar radiculopathy, Fibromyalgia and Spinal cord injury. In this case, the claimant does have radicular symptoms. The use of Gabapentin is appropriate and medically necessary.

Tramadol/Ultram 50 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

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

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Although it may be a good choice in those with back pain, the claimant's pain persisted over time while on the medication. Pain scores were not noted. There was no mention of Tylenol or Tricyclic failure. Continued and chronic use is not medically necessary. Therefore, the request is not medically necessary.