

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0164756 | | |
| Date Assigned: | 09/02/2015 | Date of Injury: | 05/02/2013 |
| Decision Date: | 10/05/2015 | UR Denial Date: | 08/14/2015 |
| Priority: | Standard | Application Received: | 08/21/2015 |

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 41 year old male, who sustained an industrial injury on May 2, 2013. He does not recall the industrial injury. Treatment to date has included medications, x-rays, physical therapy, neuropsychological evaluation and electrodiagnostic studies. Currently, the injured worker complains of constant headaches and constant, moderate neck pain described as dull, sharp and stabbing that radiates into his arms bilaterally. The pain is accompanied by tingling, weakness and cramping. He reports moderate, constant low back pain that is described as dull and stabbing and radiates to his mid back and neck. The neck and low back pain are rated at 6 on 10. The injured worker is currently diagnosed with anxiety (unspecified), headache- cephalgia, lumbar disc protrusion and cervicalgia. A progress note dated May 4, 2015 states the injured worker experiences increased pain without his medication. The note also states physical therapy was beneficial for range of motion; however he continues to have nerve pain. A progress note dated July 22, 2015, states the injured worker experiences pain relief from medication and rest. The medications, Tramadol ER 100 mg #45 for pain relief and Neurontin 300 mg #90 for nerve pain relief are requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 100mg #45: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant sustained a work injury in May 2013 and is being treated for radiating neck and low back pain and headaches. When seen, he was having constant moderate pain rated at 6/10. Physical examination findings included decreased and painful cervical and lumbar spine range of motion with positive cervical compression testing and pain with straight leg raising. Tramadol ER and Neurontin were prescribed. The Neurontin dose was 900 mg per day. Tramadol ER is a sustained release opioid used for treating baseline pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain through documentation of VAS scores, an increased level of function, or improved quality of life. The quantity prescribed (#45) is consistent with non scheduled or asymmetric dosing. Continued prescribing was not medically necessary.

Neurontin 300mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-18.

Decision rationale: The claimant sustained a work injury in May 2013 and is being treated for radiating neck and low back pain and headaches. When seen, he was having constant moderate pain rated at 6/10. Physical examination findings included decreased and painful cervical and lumbar spine range of motion with positive cervical compression testing and pain with straight leg raising. Tramadol ER and Neurontin were prescribed. The Neurontin dose was 900 mg per day. Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. When used for neuropathic pain, guidelines recommend a dose titration of at least 1200 mg per day. In this case, the claimant's gabapentin dosing is less than that recommended in no titration was being planned. Ongoing prescribing at this dose is not medically necessary.