

Case Number:	CM15-0181902		
Date Assigned:	09/23/2015	Date of Injury:	04/04/1991
Decision Date:	10/27/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/15/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 56 year old male who sustained an industrial injury on 04-04-1991. Records show that the injured worker was being treated for postlaminectomy syndrome lumbar and radiculopathy thoracic or lumbar. On 05-19-2015, MRI of the lumbar spine showed posterior disc protrusion at L4-5 and L5-S1. There was slight narrowing of the left neural recess at L3-4. Treatment to date has included surgery, chiropractic care, physical therapy, TENS unit, exercise and medications. History of medication intake has included Norco, Vicodin, Valium and Anaprox. Documentation shows long-term use of narcotic analgesic medications. Urine toxicology performed on 06-22-2015 showed that prescribed medications included Flexeril, Norco and Valium. Test results were noted as negative and unexpected for Norco and Valium. On 07-17-2015, the injured worker underwent a lumbar transforaminal epidural steroid injection to the right side L5, S1. According to a pain management progress report dated 07-31-2015, the injured worker reported pain in the lower back bilaterally radiating to the right lower extremity. Pain was described as aching, sharp and throbbing. Current pain was rated 3 out of 10. Worst pain was rated 9. Current pain had been present for 3 months. Onset of current pain was unknown. Pain was present constantly 60-95% of the time. The injured worker could walk 3 blocks before stopping due to pain, sit for 30 minutes and stand for 20 minutes. He avoided doing yard work or shopping and exercise or recreation during the past month due to pain. Physical examination of the lumbar spine demonstrated restricted range of motion, hypertonicity, spasm, tenderness and tight muscle band on the right of the paravertebral muscles, ankle jerk ¼ on the right, patellar jerk ¼ on the right, positive straight leg raise on the right and positive FABER test on the right. Touch sensation was normal. Temperature sensation was normal. Pain sensation was present over the right lower spine and lower right extremity. Current

medications included Anaprox (other MD), Flexeril (other MD), Ibuprofen (other MD), Norco (other MD), Valium (other MD) and Vicodin (other MD). The injured worker was a truck driver and was still working and did not want to take medications while driving. The recent epidural steroid injection provided 50% relief. The provider noted that a repeat injection would be considered in 6-8 weeks. Medications prescribed included Tramadol 150 mg #60, Diclofenac 100 mg #60 and Gabapentin 400 mg #90. He was to follow up as needed. On 08-18-2015, Utilization Review non-certified the request for Tramadol 150 mg #60 and Gabapentin 400 mg #90 and modified the request for Diclofenac 100 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 150mg #60: 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, criteria for use, Opioids, long-term assessment.

Decision rationale: Tramadol 150mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted does not reveal the above pain assessment or clear monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The documentation reveals that the patient has on past opioids without significant functional improvement therefore the request for Tramadol is not medically necessary.

Diclofenac 100mg #60: 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), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects.

Decision rationale: Diclofenac 100mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that NSAIDs are recommended as an option at the lowest dose for short-term symptomatic relief of chronic low back pain, osteoarthritis pain, and for acute exacerbations of chronic pain. The documentation indicates that the patient has been on NSAIDs for an extended period without evidence of functional improvement and with persistent pain. The request for continued NSAIDs is not medically necessary, as there is no evidence of long-term effectiveness of NSAIDs for pain or function. Additionally NSAIDs have associated risk of adverse cardiovascular events, new onset or

worsening of pre-existing hypertension, ulcers and bleeding in the stomach and intestines at any time during treatment, elevations of one or more liver enzymes may occur in up to 15% of patients taking NSAIDs and may compromise renal function. The request for Diclofenac is not medically necessary.

Gabapentin 400mg #90: Overturned

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), Opioids for neuropathic pain.

Decision rationale: Gabapentin 400mg #90 is medically necessary per the MTUS Guidelines. Gabapentin is considered first line medication for neuropathic pain. The patient's symptoms are neuropathic in nature. This medication is more appropriate than opioids for neuropathic pain. This medication is appropriate and therefore medically necessary.