

Case Number:	CM15-0186295		
Date Assigned:	09/28/2015	Date of Injury:	01/05/2010
Decision Date:	11/09/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/22/2015

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

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 58-year-old male, who sustained an industrial injury on 1-05-2010. The injured worker was diagnosed as having lumbar disc syndrome, lumbar radiculopathy, lumbar spondylolisthesis L5 on S1, cervical cranial syndrome, cervical disc syndrome, and situational depression with anxiety. Treatment to date has included diagnostics and medications. Currently (8-25-2015), the injured worker complains of "pain in the neck and down to the C7 distribution on the left". He reported a "significant flare-up last week" in his low back pain. He reported left knee discomfort with prolonged standing, walking, and bending while twisting (deferred to primary orthopedic surgeon). His near constant neck pain traveled to the upper extremities on the right, into the shoulder and upper biceps region. His low back pain was axial in nature, greater on the right, and increased with backward bending. His pain was not rated and function with activities of daily living was not described. He reported that he continued undergoing psychological appointments and they were beneficial. He trialed Celebrex 100mg due to past problems of stroke and was able to tolerate without raising his blood pressure and reported "it has helped his discomfort". The trial start date for Celebrex was not specified. The use of Tramadol was noted since at least 4-30-2015 however the three prior requests (7-28-2015, 6-23-2015, and 5-21-2015) were for #30. Exam of the cervical spine noted tenderness with chronic myofascial pain and trigger point activity, along with positive Spurling's test for facet involvement in the lower right region. Exam of the low back noted tenderness to palpation and swelling in the lumbar paraspinals, greater on the right, positive Kemp's test for axial low back pain, hypoesthesia along the dermatomal pattern of the left lower extremity L5-S1, and positive straight leg raise on the left. His work status was not documented and urine toxicology was not noted. Per the Request for Authorization dated 8-25-2015, the treatment plan included

Gabapentin 300mg (new-1 tablet twice daily) #60, Tramadol 50mg #60, and Celebrex 100mg #30. On 9-10-2015, Utilization Review modified the requested Gabapentin 300mg to #30 and modified the requested Tramadol 50mg to #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg, 1 tablet by mouth 2 times a day, #60 (refill unspecified): 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).

Decision rationale: The patient was injured on 01/05/10 and presented with pain in his neck, shoulder, and lower back. The request is for GABAPENTIN 300 MG, 1 TABLET BY MOUTH 2 TIMES A DAY, #60 (REFILL UNSPECIFIED) for increasing radicular pattern of pain. The utilization review denial rationale is that although the patient does appear to have neuropathic type pain, there is no record of benefit from this medication. There is no RFA provided and the patient's work status is not provided either. It appears that this is the patient's initial trial of Gabapentin. MTUS, Antiepilepsy drugs (AEDs) Section, pages 18 and 19 has the following regarding Gabapentin: "Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and post-therapeutic neuralgia and has been considered as a first-line treatment for neuropathic pain." The patient has tenderness to palpation of the cervical paraspinal musculature with present of chronic myofascial pain and trigger point activity, a positive Spurling's test for facet involvement in the lower right region, tenderness to palpation with swelling in the lumbar paraspinal region, a positive Kemp's test for axial low back pain, and a positive straight leg raise on the left for radicular pain. He is diagnosed with lumbar disc syndrome, lumbar radiculopathy, lumbar spondylolisthesis L5 on S1, cervical cranial syndrome, cervical disc syndrome, and situational depression with anxiety. This appears to be the initial trial prescription for Gabapentin. The patient presents with lumbar radiculopathy for which Gabapentin is indicated. Since this is the initial prescription, the treater has not had an opportunity to discuss and document the medication's efficacy. Therefore, the request IS medically necessary.

Tramadol 50mg, 1 tablet by mouth 2 times a day, #60 (refill unspecified): 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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The patient was injured on 01/05/10 and presented with pain in his neck, shoulder, and lower back. The request is for TRAMADOL 50 MG, 1 TABLET BY MOUTH 2 TIMES A DAY, #60 (REFILL UNSPECIFIED) for moderate-to-severe breakthrough pain. There is no RFA provided and the patient's work status is not provided either. The patient has been taking this medication as early as 04/30/15 and treatment reports are provided from 04/30/15 to 08/25/15. MTUS, CRITERIA FOR USE OF OPIOIDS Section, 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, CRITERIA FOR USE OF OPIOIDS Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse 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. MTUS, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, page 113 regarding Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. The 05/21/15 report states that Tramadol seems to control his breakthrough pain levels associated with exercise activity. In this case, none of the 4 A's are addressed as required by MTUS Guidelines. There are no before and after medication pain scales provided. There are no examples of ADLs, which demonstrate medication efficacy or are there any discussions provided on adverse behavior/side effects. No validated instruments are used either. There is no pain management issues discussed such as CURES report, pain contract, et cetera. No outcome measures are provided as required by MTUS Guidelines. There are no urine drug screens provided to see if the patient is compliant with his prescribed medications. The treating physician does not provide adequate documentation that is required by MTUS Guidelines for continued opiate use. The requested Tramadol IS NOT medically necessary.