

Case Number:	CM15-0191592		
Date Assigned:	10/05/2015	Date of Injury:	09/04/2000
Decision Date:	11/12/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/29/2015

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 45 year old female who sustained an industrial injury 09-04-00. A review of the medical records reveals the injured worker is undergoing treatment for lumbosacral strain, sciatica, myofascial pain and myositis. Medical records (08-18-15) reveal the injured worker complains of nonspecific low back pain, rated at 7-8/10 with no mention of medications. The physical exam (08-18-15) reveals trigger points palpated in the gluteus maximus, gluteus medius, quadratus lumborum, and trochanteric region bilaterally. Lumbar spine range of motion is diminished. Prior treatment includes medications, a Functional Restoration Program which she is currently participating in, as well as modified duties, physical therapy, lumbar epidural steroid injection, a gym membership, and intradiscal electrothermal annuloplasty. The original utilization review (09-04-15) non certified the request for gabapentin 300mg #90, Trazadone 50 mg #30. The documentation supports that the injured worker has been on gabapentin since at least 07/21/14 and trazadone since at least 04-30-13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300 mg, ninety count: 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 MTUS guidelines: Gabapentin (Neurontin) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic 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 not have the stated conditions approved for Gabapentin use. Furthermore, the treatment duration was longer than recommended. Gabapentin is not medically necessary.

Trazadone 50 mg, thirty count: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: Trazadone is a tricyclic antidepressant. According to the MTUS guidelines, this class of medications is to be used for depression, radiculopathy, back pain, and fibromyalgia. Tricyclic antidepressants have been shown in both a meta-analysis and a systematic review to be effective, and are considered a first-line treatment for neuropathic pain. In this case, Trazadone was used along with opioids. Pain level reduction was not noted. There is no mention of radiculopathy. As a result, the continued use of Trazadone is not medically necessary.