

Case Number:	CM15-0191602		
Date Assigned:	10/05/2015	Date of Injury:	09/04/2014
Decision Date:	11/10/2015	UR Denial Date:	09/22/2015
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:

This is a 46-year-old female with a date of industrial injury 9-4-2014. The medical records indicated the injured worker (IW) was treated for chronic long-standing cervical and low back strain status post motor vehicle accident. In the progress notes (9-9-15), the IW reported neck and low back pain, rated 3 out of 10 when she was off work, but averaging 6 to 8 out of 10 when she worked. Medications included Tramadol and Nabumetone (since at least 2-2015), which she stated were helping her symptoms. A trial of Gabapentin was prescribed on that date for use at bedtime. The IW was working full duty. On examination (9-9-15 notes), she was uncomfortable staying in one position for a prolonged period. There was diffuse tenderness to palpation in the cervical area and low back area. Some mild muscle spasms were present. Ranges of motion of the cervical and lumbar spine 'appeared to be within normal limits'. There was no documentation of neuropathic symptoms. Treatments included medications, physical therapy (at least 18 visits), ice, stretching and home exercise and chiropractic therapy. A Request for Authorization was received for Tramadol 50mg, #40 with 2 refills, Gabapentin 100mg, #80 with 1 refill and Nabumetone 750mg, #60 with 2 refills. The Utilization Review on 9-22-15 modified the request for Tramadol 50mg, #40 with 2 refills and Nabumetone 750mg, #60 with 2 refills and non-certified the request for Gabapentin 100mg, #80 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #40 with 2 refills: 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 for chronic pain, Opioids for neuropathic pain, Opioids, specific drug list.

Decision rationale: 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 was on Tramadol for several months. Failure of Tylenol, weaning or Tricyclic failure is unknown. Pain scored reduction attributed to Tramadol alone is unknown. Future need cannot be determined. The Tramadol with 2 refills is not medically necessary.

Gabapentin 100mg #80 with 1 refill: 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): Anti-epilepsy 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 (cervical and lumbar strain) approved for Gabapentin use. Gabapentin is not medically necessary.

Nabumetone 750mg #60 with 2 refills: 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).

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for several months in combination with Tramadol. Pain score reduction attributed to Nabumetone cannot be determined. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risk. Future need cannot be determined. Continued use of Nabumetone is not medically necessary.