

Case Number:	CM15-0194322		
Date Assigned:	10/08/2015	Date of Injury:	04/12/2007
Decision Date:	11/16/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/02/2015

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: Internal Medicine, Rheumatology

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 64-year-old male with a date of injury of April 12, 2007. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar disc degeneration, chronic pain, lumbar radiculopathy, bilateral carpal tunnel syndrome, and bilateral knee pain. Medical records dated June 9, 2015 indicate that the injured worker complained of neck pain that radiates down the bilateral upper extremities with occasional numbness and tingling, lower back pain that radiates down the bilateral lower extremities, bilateral hand pain, right wrist pain, and pain rated at a level of 3 out of 10 and 6 out of 10 without medications. Records also indicate limitations with activities of daily living including self-care and hygiene, activity, ambulation, hand function, and sleep. A progress note dated August 4, 2015 documented complaints similar to those reported on June 9, 2015, with pain rated at a level of 8 out of 10 without medications. Per the treating physician (August 4, 2015), the employee has not returned to work. The physical exam dated June 9, 2015 reveals spasm of the right thoracic paraspinal muscle, myofascial trigger points with twitch response in the lower mid back on the right, tenderness to palpation on the left paravertebral area at L4-S1 and in the spinal vertebral area at L4-S1, moderately limited range of motion of the lumbar spine secondary to pain, tenderness to palpation at the right wrist and right hand, decreased range of motion of the right second digit, hypersensitivity in the bilateral upper extremities, and left finger locking with signs of triggering. The progress note dated August 4, 2015 documented a physical examination that showed no changes since the examination performed on June 9, 2015. Treatment has included transcutaneous electrical nerve stimulator unit, topical medications (Voltaren gel since at least February of 2015), oral medications (Gabapentin 600mg twice a day and Tramadol 50mg twice a day prescribed in August of 2015), and home exercise. The treating physician documented that medications that were tried and failed

in the past included Gabapentin and Tramadol. The original utilization review (September 10, 2015) non-certified a request for Gabapentin 600mg #120 and Tramadol 50mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg #120: 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: This 64 year old male has complained of low back pain, wrist pain, knee pain and neck pain since date of injury 4/12/2007. He has been treated with physical therapy, TENS and medications to include gabapentin for at least 1-month duration. The current request is for Gabapentin. Per the MTUS guideline cited above, Gabapentin is a first line agent used for the treatment of neuropathic pain, effective for the treatment of post herpetic neuralgia and diabetic neuropathy. There is no documentation in the available medical records, which supports the presence of any of these diagnoses. Based on the MTUS guidelines cited above and the available medical documentation, Gabapentin is not indicated as medically necessary.

Tramadol 50mg #120: 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.

Decision rationale: This 64 year old male has complained of low back pain, wrist pain, knee pain and neck pain since date of injury 4/12/2007. He has been treated with physical therapy, TENS and medications to include opioids for at least 1-month duration. The current request is for Ultram. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. Based on this lack of documentation and failure to adhere to the MTUS guidelines, Ultram is not indicated as medically necessary.