MAXIMUS Federal Services

Case Number:	CM15-0196940		
Date Assigned:	10/12/2015	Date of Injury:	06/18/2015
Decision Date:	11/18/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/06/2015

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: Internal 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 61 year old male injured worker suffered an industrial injury on 6-18-2015. The diagnoses included low back pain with non-verifiable radicular complaints with symptoms consistent with radicular distribution of pain. On 9-10-2015, the treating provider reported the pain was identified in the lumbosacral midline and paravertebral region of the facet joints and radiating down the bilateral dorsal extremities into the heels and soles of the feet. The injured worker noted the pain was constant with associated burning, numbness and pins and needles radiating into the bilateral extremities. He also identified pain in the cervical region radiating to the upper back and scapular region with pins and needles radiating down to the hands. He rated the pain as 7 out of 10 both with and without medications with the neck pain rated 6 out of 10 with and without medication. On exam, there was increased pain with range of motion along with tenderness along with muscle guarding and spasms. There was positive straight leg raise, Bonnets Phenomenon and Bragard's sign. The provider reported he would recommend a trial of gabapentin and Tramadol as it had provided him relief in the past and would also recommend Naproxen. Prior treatment included physical therapy, which the injured worker noted did not help. Naproxen and Flexeril was in use at least since 6-2015. The medical record did not include evidence of functional improvement with treatment and no aberrant risk assessment. Request for Authorization date was 9-10-2015. The Utilization Review on 9-28-2015 determined non-certification for Tramadol 50mg one to two by mouth every six hours as needed for lumbar pain quantity 100, Gabapentin 600mg by mouth three times a day for lumbar pain quantity 90 and Naprosyn 550mg by mouth twice a day for lumbar pain quantity 60 with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg one to two by mouth every six hours as needed for lumbar pain quantity 100: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list.

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

Decision rationale: The chronic pain section of the MTUS notes that Ultram or Tramadol is a central acting analgesic and has opioid activity and inhibits reuptake of serotonin and norepinephrine and is reported to be effective in neuropathic pain and its side effects are similar to traditional opioids. The MTUS also states that it should not be given with soma because of the combination causing euphoria and sedation. It also states that prior to starting it other traditional pain meds should be tried such as NSAID's and that opioids are not a first line treatment for pain. It also notes the patient should be screened for possible abuse potential and other traits that would make a patient unreliable such as depression. The patient has severe pain, which is not alleviated by Naproxen and Flexeril. He had had Ultram in the past with a positive effect. Also, we note that this patient has radiating neuropathic type pain and that Ultram has been useful in this type of pain. Therefore, this medicine should be afforded the patient and the UR is overturned. The request is medically necessary.

Gabapentin 600mg by mouth three times a day for lumbar pain quantity 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).

Decision rationale: Neurontin or Gabapentin is used mainly to treat neuropathic pain and especially for the treatment of post herpetic neuropathy. The MTUS states that Neurontin is an anticonvulsant and it reduces hypersensitivity, specifically allodynia and hyper algesia. It also is effective for treatment of anxiety and is an aid to sleep. It is described as a first line treatment of neuropathic pain, which is most commonly caused by D.M. It has also been found beneficial to treat post-stroke pain and managing fibromyalgia pain and lumbar stenosis pain. However, it has not been found beneficial for myofascial pain or axial low back pain. Lastly, there is insufficient evidence to recommend it for combined treatment with morphine for DM neuropathic pain. It is noted that Neurontin helped alleviate the patient's pain in the past. This may be secondary to its aid in sleep and anxiety. However, Neurontin helps in the radiating pain of lumbar stenosis and may be effective for the radicular pain being manifested in our patient. The patient should be afforded the benefit of Neurontin in controlling his severe pain and the UR decision is overturned. The requested is medically necessary.

Naprosyn 550mg by mouth twice a day for lumbar pain quantity 60 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Assessment, and Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Up to date topic 9682 and version 145.0.

Decision rationale: The guidelines state that Naprosyn and NSAID's in general are indicated for acute exacerbation of pain and should be avoided in the treatment of chronic pain and should be a second line drug after the use of acetaminophen because of fewer side effects. NSAID's have been implicated in cardiac, GI, renal side effects and high blood pressure. A Cochrane study confirmed the above and a Maroon study stated that NSAID's may actually delay healing of all soft tissue if given on a chronic basis. In a review in the shoulder section of the AECOM it states that invasive techniques have limited proven value. If pain with elevation causes significant limitation in activity then sub acromial injection with a local anesthetic and steroid preparation may be attempted after 2 to 3 weeks of conservative treatment with shoulder strengthening exercises and NSAID treatment. Treatment indications include such entities as ankylosing spondylitis, osteoarthritis, rheumatoid arthritis, acute gout, dysmenorrhea, acute tendinitis and bursitis, and acute migraine. Our patient has been on high dose Naprosyn for about 2 months without any apparent beneficial effects. NSAID's are best utilized for acute treatment of pain and not used for chronic treatment. Also, the patient is being treated with maximal dosing of Naprosyn which would make it more likely that toxicity could occur. Therefore, the UR was justified in refusal of this medication. The request is not medically necessary.