

Case Number:	CM15-0208725		
Date Assigned:	11/23/2015	Date of Injury:	12/19/2009
Decision Date:	12/31/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/23/2015

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, Indiana, New York
 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 injured worker is a 37 year old male, who sustained an industrial injury on 12-19-2009. The medical records indicate that the injured worker is undergoing treatment for wedge fracture T11-12, lumbar disc disease with radicular component down the lower extremities, patellar chondromalacia, left anterior talofibular ligament injury, right stenosing tenosynovitis along the A1 pulley of the thumb, left impingement syndrome, status post decompression, right medial epicondylitis, and depression. According to the progress report dated 9-29-2015, the injured worker presented with complaints of low back pain and right elbow symptoms. The level of pain is not rated. The physical examination of the right elbow reveals tenderness along the epicondyle, medial greater than lateral, mildly positive Tinel's sign, and weakness with elbow flexion and extension secondary to pain. Examination of the lumbar spine is not indicated. The medications prescribed are Norco, Prilosec, Tramadol (since at least 1-6-2015), Naproxen, Gabapentin (since at least 8-24-2015), and Trazodone. Previous diagnostic studies include x-rays, electrodiagnostic testing, and MRI studies. Treatments to date include medication management, physical therapy, injection therapy, L4-5 facet injection, psychotherapy, and surgical intervention. Work status is described as currently not working. The original utilization review (10-14-2015) partially approved a request for Tramadol ER 150mg #15 (original request was for #30). The request for Gabapentin 600mg #90 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription for Gabapentin 600mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Gabapentin (Antiepilepsy drugs - AEDs).

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, one (1) prescription for Gabapentin 600 mg #90 is not medically necessary. Gabapentin is recommended for some neuropathic pain conditions and fibromyalgia. Gabapentin is associated with a modest increase in the number of patients experiencing meaningful pain reduction. Gabapentin is an anti-epilepsy drug. In this case, the injured worker's working diagnoses are wedge fracture T11-12, lumbar disc disease with radicular component down the lower extremities, patellar chondromalacia, left anterior talofibular ligament injury, right stenosing tenosynovitis along the A1 pulley of the thumb, left impingement syndrome, status post decompression, right medial epicondylitis, and depression. According to the progress report dated 9-29-2015, the injured worker presented with complaints of low back pain and right elbow symptoms. Date of injury is December 19, 2009. Request for authorization is September 29, 2015. According to a July 13, 2012 progress note, Tramadol ER was prescribed to the worker. According to a progress note dated April 1, 2013, Gabapentin was prescribed to the injured worker. According to a September 29, 2015 progress note, you did worker complains of low back pain) the left, anxiety and depression, surgery pending for the left ankle and foot ongoing elbow pain. Objectively, there is tenderness over the medial and lateral condyle elbow with a positive Tinel's at the elbow. There is weakness with elbow flexion and extension. The documentation is inconsistent regarding medications from progress note progress note. Utilization review indicates a lack of documentation of functional improvement with ongoing Gabapentin. Additionally, there were multiple Gabapentin non-certifications due to lack of objective functional improvement. According to September 29, 2015 progress note, there is no documentation demonstrating objective functional improvement. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and no documentation demonstrating objective functional improvement, one (1) prescription for Gabapentin 600 mg #90 is not medically necessary.

One (1) prescription of Tramadol ER 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, long-term assessment, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opioids.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, one (1) prescription of Tramadol ER 150 mg #30 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are wedge fracture T11-12, lumbar disc disease with radicular component down the lower extremities, patellar chondromalacia, left anterior talofibular ligament injury, right stenosing tenosynovitis along the A1 pulley of the thumb, left impingement syndrome, status post decompression, right medial epicondylitis, and depression. According to the progress report dated 9-29-2015, the injured worker presented with complaints of low back pain and right elbow symptoms. Date of injury is December 19, 2009. Request for authorization is September 29, 2015. According to a July 13, 2012 progress note, Tramadol ER was prescribed to the worker. According to a progress note dated April 1, 2013, Gabapentin was prescribed to the injured worker. According to a September 29, 2015 progress note, you did worker complains of low back pain) the left, anxiety and depression, surgery pending for the left ankle and foot ongoing elbow pain. Objectively, there is tenderness over the medial and lateral condyle elbow with a positive Tinel's at the elbow. There is weakness with elbow flexion and extension. The documentation is inconsistent regarding medications from progress note progress note. Utilization review indicates a lack of documentation of functional improvement with ongoing Gabapentin. Additionally, there were multiple Tramadol ER non-certifications due to lack of objective functional improvement. Your earliest noncertification was February 10, 2015 (UR# 1117935). According to September 29, 2015 progress note, there is no documentation demonstrating objective functional improvement. There are no detailed pain assessments or risk assessments. There is no documentation Tramadol ER weaning. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation of detailed pain assessments or risk assessments and no documentation demonstrating objective functional improvement to support ongoing Tramadol ER, one (1) prescription of Tramadol ER 150 mg #30 is not medically necessary.