

Case Number:	CM15-0208727		
Date Assigned:	10/27/2015	Date of Injury:	07/13/2012
Decision Date:	12/09/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/22/2015

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: Physical Medicine & Rehabilitation

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 39 year old male, who sustained an industrial injury on 7-13-2012. The injured worker is undergoing treatment for chronic pain syndrome, neuropathy, osteoarthritis of the knee and lumbar intervertebral degenerative disc. Medical records dated 9-21-2015 indicate the injured worker complains of left knee pain rated 4 out of 10 and increasing to 5-6 out of 10 with walking. He reports pain radiates to the foot. Physical exam dated 9-21-2015 notes antalgic gait, left knee tenderness to palpation, crepitus and decreased range of motion (ROM). Treatment to date has included surgery, medication, Gabapentin and Tramadol since at least 4-8-2015 and activity alteration. The original utilization review dated 9-29-2015 indicates the request for Lexapro 10mg #30 is certified and Gabapentin 300mg #90 and Tramadol 37.5mg #180 with 2 refills is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg #90: Overturned

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 rationale: The current request is for GABAPENTIN 300MG #90. Treatment to date has included knee surgery (2012) and TKR on 09/02/14, medication, activity restriction, and physical therapy. Work status: Disabled. MTUS, Antiepilepsy drugs (AEDs) Section, pages 18 and 19 has the following regarding Gabapentin: "Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and post-therapeutic neuralgia and has been considered as a first-line treatment for neuropathic pain." Per report 09/21/15, the patient presents with chronic pain syndrome. The patient reported left knee pain as 4/10 and increasing to 5-6/10 with walking. He reported radiation of pain to the left foot. The patient also reported low back pain that radiates into the left lower extremity. Physical examination revealed antalgic gait, left knee tenderness to palpation, crepitus and decreased range of motion (ROM). Current medications include Lexapro, Gabapentin and Tramadol. The treater states that there are no changes to his medications today. Medication refill was requested. Per report 06/23/15, He denies effects to these medications and reports some pain relief. It was further noted that refills given for Neurontin and Tramadol which allow patient to continue home exercise program and being independent in ADLs. The patient has been prescribed Gabapentin since 04/08/15. In this case, the patient continues with radicular pain for which Gabapentin is considered a first line treatment, and the treater has documented medication efficacy. This request appears reasonable and in accordance with guidelines. Therefore, the request IS medically necessary.

Tramadol 37.5mg #180 with 2 refills: Upheld

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

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

Decision rationale: The current request is for TRAMADOL 37.5MG #180 WITH 2 REFILLS. Treatment to date has included knee surgery (2012) and TKR on 09/02/14, medication, activity restriction, and physical therapy. Work status: Disabled. MTUS, CRITERIA FOR USE OF OPIOIDS Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, CRITERIA FOR USE OF OPIOIDS Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." Per report 09/21/15, the patient presents with chronic pain syndrome. The patient reported left knee pain as 4/10 and increasing to 5-6/10 with walking. He reported radiation of pain to the left foot. The patient also reported low back pain that radiates into the left lower extremity. Physical examination revealed antalgic gait, left knee tenderness to palpation, crepitus and decreased range of motion (ROM). Current medications include Lexapro, Gabapentin and Tramadol. The treater states that there are no changes to his medications today. Medication refill was requested.

Per report 06/23/15, He denies effects to these medications and reports some pain relief. It was further noted that refills given for Neurontin and Tramadol which allow patient to continue home exercise program and being independent in ADLs. The patient has been prescribed Tramadol since 05/26/15. MTUS requires appropriate discussion of all the 4A's; however, in addressing the 4A's, the treater does not discuss how this medication significantly improves the patient's activities of daily living. No validated instrument is used to show a decrease in pain with medication, and there are no documentation regarding adverse effects and aberrant drug behavior. Given the lack of documentation as required by MTUS, the request does not meet guidelines indication. Therefore, the request IS NOT medically necessary and the patient should be weaned per MTUS.