

Case Number:	CM15-0020004		
Date Assigned:	02/09/2015	Date of Injury:	02/18/2004
Decision Date:	03/30/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	02/03/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 54-year-old male, who sustained an industrial injury on 02/18/2004. The diagnoses have included neck pain, cervical radiculopathy, back pain, and sciatic pain. Noted treatments to date have included heat and ice, exercises, epidural steroid injection, and medications. Diagnostics to date have included x-rays of the cervical and lumbar spine showed degenerative joint disease and degenerative disc disease. In a progress note dated 12/03/2014, the injured worker presented with complaints of neck, back, and sciatic pain. The treating physician reported the injured worker being stable and to continue present program. Utilization Review determination on 01/02/2015 modified the request for Neurontin 300mg 2 capsules tid (three times daily) #180 and Tramadol ER 200mg daily #30 to Neurontin 300mg 2 capsules tid (three times daily) #90 with no refills for weaning and Tramadol ER 200mg daily #15 with no refills and non-certified the request for Arthrotec 50mg bid (twice daily) #60 citing Medical Treatment Utilization Schedule Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 300mg, 2 caps, t.i.d # 180 no refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49.

Decision rationale: According to MTUS, Neurontin has been shown to be effective for the treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered to be first line treatment for neuropathic pain. Continuous use of Neurontin cannot be certified without documentation of efficacy. Therefore, the request for Neurontin 300 mg #180 is not medically necessary.

Tramadol ER 200mg #30 no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18-19; 64; 70-71; 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

Decision rationale: According to MTUS guidelines, Ultram (Tramadol) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework> There is no clear documentation of pain and functional improvement with previous use of Ultram. There is no clear documentation of continuous documentation of patient compliance to his medications. There is no documentation for compliance of the patient with his medications and a continuous monitoring of side effects. There is no documentation of the medical necessity of Ultram. Therefore, the prescription of Tramadol ER 200mg # 30 is not medically necessary.

Arthrotec 50mg b.i.d #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18-19; 64; 70-71; 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70-71.

Decision rationale: According to MTUS guidelines, Combination (NSAID/GI protectant): Arthrotec (diclofenac/ misoprostol) 50mg/200mcg,75mg/20mcg. [Black Box Warning]: Do not administer Arthrotec/misoprostol to pregnant women because it can cause abortion. Mechanism of action: Combines a diclofenac (an NSAID) with misoprostol, an agent that inhibits basal and nocturnal gastric acid secretion and has some mucosal protective properties. Misoprostol is available as Cytotec. Uses: Indicated for the treatment of the signs and symptoms of osteoarthritis in patients at high risk for developing NSAID-induced gastric or duodenal ulcers and their complications.> There is no documentation that the patient is at increased risk of GI bleed. There is no documentation that the lowest dose and shortest period of NSAID was attempted. Therefore, the request for Arthrotec 50mg b.i.d #60 is not medically necessary.