

Case Number:	CM15-0020484		
Date Assigned:	02/10/2015	Date of Injury:	09/12/2001
Decision Date:	03/30/2015	UR Denial Date:	01/19/2015
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: California
Certification(s)/Specialty: Family Practice

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 66 year old female, who sustained an industrial injury on 09/12/2001. She has reported subsequent widespread musculoskeletal pain and was diagnosed with multiple orthopedic/neuromuscular injuries, hypertension, anxiety/depression, chronic widespread pain syndrome, cervical radiculopathy, Grave's thyroiditis and hypertensive nephropathy with proteinuria. Treatment to date has included oral pain medication. The injured worker is also diagnosed with seizure disorder, onset 2013. The injured worker complains of some shortness of breath and dull chest pain attributed to anxiety. Objective findings were notable for 1+ edema in the extremities but were otherwise documented as within normal limits. The injured worker has had no recurrent seizures since November 2013. On 01/19/2015, Utilization Review non-certified requests for Gabapentin and Tramadol powder, noting that efficacy and functional benefit were not documented with the use of Gabapentin and that the formulation of Tramadol contains ingredients that are not supported by guidelines. MTUS guidelines were cited.

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 Treatment Guidelines Antiepilepsy Drugs (AEDs), Gabapentin (Neurontin) Page(s): 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-21.

Decision rationale: According to the MTUS guidelines, Antiepilepsy drugs (AEDs) are also referred to as anti-convulsants. Gabapentin is considered a first line antiepileptic medication. In this case, the injured worker is diagnosed with seizure disorder since 2013. The medical records indicate that she has not had any recurrent seizures since November 2013 and that her medication regimen has consisted of Gabapentin. Gabapentin is also considered first line adjuvant in the treatment of chronic pain. The request for Gabapentin 300 mg #90 is medically necessary.

Tramadol 15%gm/Tramadol powder 23gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Opioids, Specific Drug List, Opioids, Criteria.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 110-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In this case, the medical records do not establish that the injured worker is unable to tolerate oral medications. The request for Tramadol in a compounded formulation is not supported. The request for Tramadol 15%gm/Tramadol powder 23gm is not medically necessary.