

Case Number:	CM15-0022841		
Date Assigned:	02/12/2015	Date of Injury:	01/05/2013
Decision Date:	04/07/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/06/2015

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, Arizona
 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 54-year-old female who reported an injury on 01/05/2013. The mechanism of injury involved a fall. The current diagnoses include right elbow medial and lateral epicondylitis, right elbow ulnar neuritis, possible median nerve neuritis at this wrist, internal derangement of the right knee, thoracic sprain, discogenic lumbar condition with facet inflammation, and chronic pain syndrome. The injured worker presented on 01/12/2015 for a follow-up evaluation. The injured worker reported persistent pain in the low back, right knee, and right elbow. Upon examination, there was tenderness across the lumbar paraspinal muscles bilaterally, facet tenderness, pain with facet loading maneuver, right knee flexion to 120 degrees, and tenderness along the medial greater than lateral joint line. Treatment recommendations at that time included continuation of Tramadol ER 150 mg, Neurontin 600 mg, and Nalfon 400 mg. A Request for Authorization form was then submitted on 01/12/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg tablets QTY: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-19.

Decision rationale: California MTUS Guidelines state antiepilepsy drugs are recommended for neuropathic pain. In this case, it is noted that the injured worker has continuously utilized the above medication since at least 10/2014. There was no documentation of objective functional improvement despite the ongoing use of this medication. There is also no frequency listed in the request. As such, the request is not medically appropriate.

Tramadol ER 150mg tablets QTY: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief functional status, appropriate medication use, and side effects should occur. In this case, it is noted that the injured worker has continuously the above medication since at least 10/2014. There was no documentation of objective functional improvement. There is also no frequency listed in the request. As such, the request is not medically appropriate at this time.