

Case Number:	CM15-0212124		
Date Assigned:	11/02/2015	Date of Injury:	05/21/2005
Decision Date:	12/18/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/28/2015

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, Hawaii

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:

This 68 year old woman sustained an industrial injury on 5-21-2005. Diagnoses include chronic low back pain, chronic pain syndrome, lumbosacral degenerative disc disease, bilateral lower extremity radicular pain, failed back surgery syndrome, depression, and anxiety. Treatment has included oral medications including Norco, sertraline, Tramadol, and Gabapentin. Physician notes dated 9-30-2015 show complaints of worsened low back pain rated 5 out of 10 with leg pain rated 6-7 out of 10, depression, and disturbed sleep. The physical examination shows no acuter distress, an antalgic gait with the use of a cane, and difficulty sitting down and standing up from a chair. Recommendations include Norco, Tramadol, Gabapentin, Tizanidine, Sertraline, return to home exercise program, possible future physical therapy, and follow up in four weeks. Utilization Review modified requests for Norco, Tramadol, and Gabapentin for weaning purposes on 10-8-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60 with 1 refill (DOS 10/1/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The patient presents with chronic low back pain. The current request is for Tramadol 50mg #60 with 1 refill (DOS 10/01/2015). The treating physician's report dated 09/30/2015 (47B) states, "The patient states that her lower back pain is worse. It is 5/10. Her leg pain is worse than the back pain. It is a 6-7/10. It is excruciating. She also had an upset stomach and is trying to take care of that. She states that because she ran out of her medication, she had increased depression and pain and her sleep is disturbed." The physician also notes, "Medications all help her." For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking 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 medications to work, and duration of pain relief. While that physician has noted the patient's current pain level, there are no before and after pain scales to show analgesia. The physician does not provide specific examples of ADLs to demonstrate medication efficacy. No validated instruments were used. There are no pain management issues discussed such as CURES report, pain contract, etc. No outcome measures are provided as required by MTUS Guidelines. The physician did not provide a urine drug screen to see if the patient is compliant with his prescribed medications. In this case, none of the 4As required by the MTUS Guidelines for the continuation of opiate use was documented. The current request is not medically necessary.

Gabapentin 300mg #30 with 1 refill (DOS 10/1/15): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The patient presents with chronic low back pain and bilateral lower extremity radicular pain. The current request is for Gabapentin 300mg #30 with 1 refill (DOS 10/01/2015). The treating physician's report dated 09/30/2015 (47B) does not provide a rationale for the request; however, it was noted that, "medications all help her." The MTUS Guidelines pages 18 and 19 on gabapentin states that it has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia, and has been considered as first-line treatment for neuropathic pain. MTUS page 60 states that for medications used for chronic pain, efficacy in terms of pain reduction and functional gains must also be documented. In this case, the patient does have a diagnosis of bilateral lower extremity radicular pain for which gabapentin is recommended and the physician has noted medication efficacy. The current request is medically necessary.

