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| Case Number: | CM15-0030481 | | |
| Date Assigned: | 02/24/2015 | Date of Injury: | 06/21/2012 |
| Decision Date: | 04/09/2015 | UR Denial Date: | 02/04/2015 |
| Priority: | Standard | Application Received: | 02/18/2015 |

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 46 year old male with an industrial injury dated June 21, 2012. The injured worker diagnoses include lumbar spine pain, lumbar disc protrusion, lumbar radiculopathy and status post lumbar spine surgery October 2012. He has been treated with diagnostic studies, radiographic imaging, prescribed medications, home exercise program and periodic follow up visits. According to the progress note dated 12/18/2014, the injured worker reported constant low back pain radiating to the left lower extremity with numbness and tingling rated 7/10. Objective findings revealed tenderness along the lumbar spine, spasms along the paravertebral muscles on the left side of the lumbar spine, positive femoral stretch on the left, and decreased left lower extremity sensation at L5-S1. The treating physician prescribed Retrospective Neurontin 600mg #60 DOS: 1/23/15 and Retrospective Ultram ER 150mg #60 DOS: 1/23/15. Utilization Review determination on February 4, 2015 modified the retrospective request to Neurontin 600mg #30 DOS: 1/23/15 and Ultram ER 150mg #30 DOS: 1/23/15, citing MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Neurontin 600mg #60 DOS: 1/23/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Gabapentin Medications for chronic pain Page(s): 18-19, 60.

Decision rationale: The patient presents with chronic lower back pain rated 7/10 with associated numbness and tingling which radiates into the left lower extremity. The patient's date of injury is 06/21/12. Patient is status post left-sided lumbar ESI at S1 level on 08/14/14, and L5-S1 anterior discectomy with interbody fusion in October 2012. The request is for RETROSPECTIVE NEURONTIN 600MG#60 DOS: 1/23/15. The RFA is dated 11/21/14. Physical examination dated 01/23/15 reveals an antalgic gait, moderate tenderness to palpation of the left-sided lumbar paraspinal muscles, and decreased sensation noted along the S1 dermatome distribution of the left lower extremity. Treater also notes a loss of strength during dorsiflexion and plantarflexion of the left foot. The patient is currently prescribed Diclofenac, Neurontin, and Tramadol. Diagnostic imaging was not included. Patient's current work status is not provided. MTUS has the following regarding Gabapentin on pg 18, 19: "Gabapentin Neurontin, Gabarone, generic available has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In regards to the request for continuation of Gabapentin, the treater has not provided adequate documentation of pain reduction or functional improvement from the use of this medication. Progress notes provided indicate that this patient has been receiving Gabapentin since at least 07/18/14, though there is no documentation of pain improvement attributed to this medication as required by MTUS in the following progress reports. Therefore, this request IS NOT medically necessary.

Retrospective Ultram ER 150mg #60 DOS: 1/23/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient presents with chronic lower back pain rated 7/10 with associated numbness and tingling which radiates into the left lower extremity. The patient's date of injury is 06/21/12. Patient is status post left-sided lumbar ESI at S1 level on 08/14/14, and L5-S1 anterior discectomy with interbody fusion in October 2012. The request is for RETROSPECTIVE ULTRAM ER 150MG #50 DOS: 1/23/15. The RFA is dated 11/21/14. Physical examination dated 01/23/15 reveals an antalgic gait, moderate tenderness to palpation of the left-sided lumbar paraspinal muscles, and decreased sensation noted along the S1 dermatome distribution of the left lower extremity. Treater also notes a loss of strength during dorsiflexion and plantarflexion of the left foot. The patient is currently prescribed Diclofenac, Flexeril, Neurontin, and Tramadol. Diagnostic imaging was not included. Patient's current work status is not provided. MTUS Guidelines 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 page 78 also requires documentation of the 4A's 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. In regards to the request for Ultram, treater has not provided adequate documentation of efficacy to continue use. Records provided indicate that this patient has been taking Ultram since at least 07/18/14. Progress note dated 01/23/15 - from which this retrospective request is generated - does not provide a reduction in pain level, functional improvements, or discussion of aberrant behavior. Furthermore, UDS dated 08/22/14 does not detect any of this patient's prescribed medications, so compliance with medication regimen is not established. Owing to a lack of 4A's as required by MTUS, the continued use of this medication cannot be substantiated. Therefore, the request IS NOT medically necessary.