

Case Number:	CM15-0032563		
Date Assigned:	02/26/2015	Date of Injury:	01/12/2011
Decision Date:	04/15/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/20/2015

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: Florida

Certification(s)/Specialty: Neurology, Pain Management

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 52 year old male, who sustained an industrial injury on January 12, 2011. The mechanism of injury is unknown. The diagnoses have included lumbar radiculopathy and spinel/lumbar degenerative disc disease. Treatment to date has included diagnostic studies, medications, ice, heat, H-wave and exercises. On February 19, 2015, the injured worker complained of back pain radiating from the lower back down both legs along with a lower backache. He rated his pain as a 7 on a 1-10 pain scale with medication. His quality of sleep was rated fair. His pain was noted to be affecting his function, mobility, mood and quality of life. His medications were noted to not be managing his pain enough. On January 20, 2015 Utilization Review non-certified Neurontin 300mg #60 with two refills, Tramadol HCL 50mg #60 with two refills, Ambien 10mg #25 with two refills, Ibuprofen 600mg #30 with two refills and Wellbutrin SR 150mg #30 with two refills, noting the CA MTUS Guidelines. On February 20, 2014, the injured worker submitted an application for Independent Medical Review for review of Neurontin 300mg #60 with two refills, Tramadol HCL 50mg #60 with two refills, Ambien 10mg #25 with two refills, Ibuprofen 600mg #30 with two refills and Wellbutrin SR 150mg #30 with two refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 300mg #60 with 2 refills: Overturned

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

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

Decision rationale: The medical records report pain with neuropathic qualities in the setting of radiculopathy. MTUS guidelines support the use of gabapentin for nerve related pain. As such the medical records support the use of gabapentin for the treatment of the insured's nerve related pain.

Tramadol HCl 50mg #60 with 2 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-79.

Decision rationale: The medical records support the insured has a chronic pain condition that has not improved over time with conservative therapy and for which the insured reports functional benefit with the therapy on an occasional use. The medical records support there is ongoing opioid risk use mitigation tools being used. As such the medical records support use of tramadol congruent with odg guidelines.

Ambien 10mg #25 with 2 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines- pain, zolpidem.

Decision rationale: The medical records provided for review indicate improvement in symptoms with report of significant sleep interference and is taking zolpidem. ODG guidelines support short term use of sleep agent such as zolpidem for 4 to 6 weeks. As such 10 mg at bedtime for occasional use is supported based on the medical records or supported by ODG. Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain.

Ibuprofen 600mg #30 with 2 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines nsaid Page(s): 68.

Decision rationale: The medical records provided for review support a condition of musculoskeletal pain and reports persistent pain despite treatment with acetaminophen. MTUS supports the use of an NSAID for pain (mild to moderate) in relation to musculoskeletal type. As such the medical records provided for review do support the use of motrin for the insured as there is indication of persistent pain despite acetaminophen.

Wellbutrin SR 150mg #30 with 2 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressant Page(s): 122.

Decision rationale: The medical records report the insured has depressive symptoms which are helped by the medication of wellbutrin. MTUS supports the use of antidepressant for treatment of depression. Therefore the request is medically necessary.