

Case Number:	CM15-0034364		
Date Assigned:	04/02/2015	Date of Injury:	12/10/2014
Decision Date:	05/05/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/24/2015

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, North Carolina
 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 44 year old male who sustained an industrial injury to his lower back on December 10, 2014. Lumbar spine X-rays on December 10, 2014 were negative for pathology. Conservative measures were rendered without benefit. The injured worker was diagnosed with lumbar disc displacement without myelopathy. According to the primary treating physician's progress report on January 27, 2015, the injured worker continues to experience low back pain with radiation into the posterior buttock and thigh and occasional numbness and tingling to his right leg. Examination of the lumbar spine demonstrated restricted range of motion. Sensory, motor and deep tendon reflexes were intact. The injured worker is on temporary total disability (TTD) with work restrictions. Current medications are listed as Relafen and Ibuprofen. Treatment plan consists of pain management and the request for authorization for Gabapentin, Tramadol and a lumbar spine magnetic resonance imaging (MRI).

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Gabapentin 600mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific anti-epilepsy drugs Page(s): 18.

Decision rationale: The California MTUS Guidelines indicate that Gabapentin is shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. This patient complains of chronic low back pain that is muscular and discogenic in origin. The neurological exam is unremarkable, therefore the medical records do not establish that the patient has neuropathic pain. Therefore the request is not medically necessary or appropriate.

One prescription of Tramadol/APAP 37.5/325mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 93-94.

Decision rationale: The California MTUS states that Tramadol is a centrally acting synthetic opioid analgesic intended for moderate to severe pain and is not recommended as a first-line oral agent. Tramadol may increase the risk for seizures, especially in patients taking SSRIs. The MTUS recommends that there should be documentation and monitoring for analgesia, activities of daily living, adverse side-effects and aberrant drug-taking behavior. The clinical documentation submitted fails to demonstrate this monitoring, therefore the request is not medically necessary or appropriate.

One MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: The request is for a lumbar spine MRI in a patient with chronic low back pain. Lumbar spine x-rays were performed and found to be normal. ACOEM Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic exam are sufficient to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic exam is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false positive findings, such as disc bulges, that are not the source of painful symptoms and do not warrant surgery. This patient has a normal neurological exam, with no findings of decreased sensation, decreased motor function or decreased reflexes. In addition there are no red flags requiring an MRI to be performed. There is no evidence of a

specific nerve compromise and no EMG/NCV demonstrating a nerve abnormality. Therefore, this request is not medically necessary or appropriate.