

Case Number:	CM15-0049609		
Date Assigned:	03/23/2015	Date of Injury:	11/15/2013
Decision Date:	05/01/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/16/2015

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 38-year-old male, who sustained an industrial injury on 11/15/2013. The details regarding the initial injury were not submitted for this review. Diagnoses include lumbar sprain/strain. Treatments to date include mediation therapy, physical therapy, and acupuncture. Currently, they complained of sharp low back pain rated 5/10 VAS. On 2/4/15, the provider documented tenderness of lumbar spine with muscle spasms along bilateral SI joints, L4-S1 spinous process and there was a positive straight leg raise test. The plan of care included the continuation of Gabapentin, Tramadol ER and topical compound cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 100mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (neurontin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 18-19.

Decision rationale: The patient presents on 02/04/15 with lower back pain rated 5/10. The patient's date of injury is 11/15/13. Patient has no documented surgical history directed at this complaint. The request is for GABAPENTIN 100MG #60. The RFA is dated 02/04/15. Physical examination dated 02/04/15 reveals tenderness to palpation of the bilateral SI joints, L4-L5 spinous processes, and lumbar paraspinal muscles. Treater notes sitting straight leg raise is positive to an unspecified side. The patient is currently prescribed Norflex, Protonix, Tramadol, Gabapentin, and Motrin. 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." In this case, it appears that this is the initiating prescription of this medication. Gabapentin is not among this patient's prescribed medications in the 01/29/15 and 12/03/14 encounter notes. Furthermore, it appears that utilization review dated 02/26/15 mistakenly non-certified this medication, stating: "Evidence-based guidelines necessitate documentation of neuropathic pain... Within the medical information available for review, there IS documentation of neuropathic pain. Therefore, certification of the requested Gabapentin 100MG is NOT recommended." This patient presents with neuropathic pain complaints and has not been prescribed this medication before, a trial of Gabapentin is substantiated. The request IS medically necessary.

Tramadol ER 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 81, 79-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Tramadol Page(s): 76-78, 88-89, 113.

Decision rationale: The patient presents on 02/04/15 with lower back pain rated 5/10. The patient's date of injury is 11/15/13. Patient has no documented surgical history directed at this complaint. The request is for TRAMADOL ER 150MG #60. The RFA is dated 02/04/15. Physical examination dated 02/04/15 reveals tenderness to palpation of the bilateral SI joints, L4-L5 spinous processes, and lumbar paraspinal muscles. Treater notes sitting straight leg raise is positive to an unspecified side. The patient is currently prescribed Norflex, Protonix, Tramadol, Gabapentin, and Motrin. Diagnostic imaging was not included. Patient's current work status is not provided. MTUS Chronic Pain Medical Treatment 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 4As -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. MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol states: Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. In regard to the request of Tramadol for the management of this patient's chronic pain, treater has not provided inadequate documentation to continue use. Progress note

dated 02/04/15 does not include any specific pain reduction or functional improvements attributed to this medication. The only mention of efficacy is: "Relief from medication..." and no functional improvements are provided. Such vague statements do not satisfy MTUS requirements. A urine drug screen was collected on 02/04/15 and was documented to be consistent with this patient's medications. However, there is no discussion of a lack of aberrant behaviors in the progress notes provided, either. Given the lack of complete 4A's documentation as required by MTUS, the request for Tramadol cannot be substantiated. The request IS NOT medically necessary.

Compound GCB; Gabapentin 10%, Cyclobenzaprine 6%, bupivacaine compound cream:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Page(s): 111,112-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

Decision rationale: The patient presents on 02/04/15 with lower back pain rated 5/10. The patient's date of injury is 11/15/13. Patient has no documented surgical history directed at this complaint. The request is for COMPOUND GCB GABAPENTIN 10% CYCLOBENZAPRINE 6% BUPIVACAINE COMPOUND CREAM. The RFA is dated 02/04/15. Physical examination dated 02/04/15 reveals tenderness to palpation of the bilateral SI joints, L4-L5 spinous processes, and lumbar paraspinal muscles. Treater notes sitting straight leg raise is positive to an unspecified side. The patient is currently prescribed Norflex, Protonix, Tramadol, Gabapentin, and Motrin. Diagnostic imaging was not included. Patient's current work status is not provided. MTUS page 111 of the chronic pain section states the following regarding topical analgesics: "Largely experimental in use with few randomized controlled trials to determine efficacy or safety... There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug, or drug class, that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required." In regard to the request for a compounded cream containing Gabapentin, Cyclobenzaprine, and Bupivacaine; the requested cream contains ingredients which are not supported by guidelines as topical agents. Neither Gabapentin, Cyclobenzaprine, nor Bupivacaine are approved by MTUS in topical formulations. Guidelines specify that any cream which contains an unsupported ingredient is not indicated. Therefore, the request IS NOT medically necessary.