

Case Number:	CM15-0052666		
Date Assigned:	03/26/2015	Date of Injury:	09/04/2014
Decision Date:	05/04/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/19/2015

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: 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 30-year-old male who sustained an industrial injury on 09/04/2014 caused by an auto accident. Diagnoses include cervical and lumbosacral radiculopathy. Treatment to date has included medications, physical therapy (PT) and activity modification. Diagnostics performed to date included x-rays, MRIs and electrodiagnostic studies. According to the progress report dated 2/23/15, the injured worker reported neck and low back pain. On examination, there was numbness in the bilateral upper and lower extremities. A request was made for Neurontin and Ultram for pain and neuropathy symptoms. The medical records indicated that electrodiagnostic studies on 1/19/15 revealed bilateral lumbosacral radiculopathy. An agreed medical evaluator on 1/12/15 indicated that the injured worker may be a candidate for injections or surgery for the lumbar spine pending magnetic resonance imaging.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 300 MG #90 with 5 Refills: Overturned

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 (Neurontin) Page(s): 16-21, 49.

Decision rationale: According to the MTUS guidelines, Antiepilepsy drugs (AEDs) are recommended for chronic neuropathic pain. The request for followed for chronic neuropathic pain. The MTUS guidelines note that Gabapentin is an anti-epilepsy drug (AED) which 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, the injured worker is diagnosed with lumbar radiculopathy corroborated by electrodiagnostic studies and is pending additional treatment. The request for Neurontin 300 MG #90 with 5 Refills is therefore medically necessary.

Ultram ER 150 MG #60 with 5 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): 74-96.

Decision rationale: According to the MTUS guidelines, Tramadol (Ultram) is a synthetic opioid and is an emerging fourth class of opiate analgesic that may be used to treat chronic pain. The MTUS guidelines state that small class of synthetic opioids exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. The maximum dosing of Tramadol is 400 mg/day. In this case, the injured worker is complaining of low back pain with radiation. The injured worker is diagnosed with lumbar radiculopathy corroborated by electrodiagnostic studies and is pending additional treatment. The request for Ultram ER 150 mg #60 with 5 refills is therefore medically necessary.