

Case Number:	CM15-0052709		
Date Assigned:	03/26/2015	Date of Injury:	11/11/2008
Decision Date:	05/01/2015	UR Denial Date:	03/11/2015
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 31 year old male, who sustained a work/ industrial injury on 11/11/08. He has reported initial symptoms of right hand pain due to crush injury and then a left ankle injury with pain. The injured worker was diagnosed as having s/p right hand crush injury; partial amputation of distal phalanx; focal complex regional pain syndrome, left ankle sprain/strain; right shoulder sprain; right forearm strain; deep interosseous nerve injury entrapment. Lumbar musculoligamentous sprain/strain with left lower extremity radiculopathy. Treatments to date included medication and diagnostics. Magnetic Resonance Imaging (MRI) was performed on 12/4/12. Electromyogram/nerve conduction velocity (EMG/NCV) was performed on 5/12/14. Currently, the injured worker complains of right wrist and hand pain as well as low back pain with radiation to the left lower extremity. The treating physician's report (PR-2) from 2/26/15 indicated that examination revealed tenderness to palpation over the flexor tendons and hypersensitivity over the right forearm. Treatment plan included Neurontin and Ultram extended release tablets.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 600mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs); Neurontin (gabapentin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 16-19.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of anti-epilepsy drugs (AEDs) including Neurontin. AEDs are recommended for neuropathic pain. An ongoing assessment of outcomes is a key element on the use of AEDs. A "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use.

The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Gabapentin (Neurontin) 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. Weaning and/or changing to another drug in this class: Gabapentin should not be abruptly discontinued, although this recommendation is made based on seizure therapy.

Weaning and/or switching to another drug in this class should be done over the minimum of a week. In this case, there is insufficient documentation that Neurontin has resulted in a meaningful improvement in functional outcomes; per the requirements of the above cited MTUS guidelines. For this reason, Neurotin is not considered as medically necessary. In the Utilization Review, a supply of Neurotin was provided to allow for weaning. This is consistent with the MTUS guidelines. Therefore, the request is not medically necessary.

Ultram extended release (ER) 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram; Ultram ER: generic available in immediate release tablet); Opioids, Criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78, 80.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the long-term use of opioids, including Ultram ER. These guidelines have established criteria on the use of opioids for the ongoing management of pain. Actions should include: prescriptions from a single practitioner and from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. There should be an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. There should be evidence of documentation of the "4 A's for Ongoing Monitoring." These four domains include: pain relief, side effects, physical and psychological functioning, and the occurrence of any potentially aberrant drug-related behaviors. Further, there should be consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain that does not improve on opioids in 3 months. There should be consideration of an addiction medicine consult if there is evidence of substance

misuse (Pages 76-78). Finally, the guidelines indicate that for chronic pain, the long-term efficacy of opioids is unclear. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy (Page 80). Based on the review of the medical records, there is insufficient documentation in support of these stated MTUS/Chronic Pain Medical Treatment Guidelines for the ongoing use of opioids. There is insufficient documentation of the "4 A's for Ongoing Monitoring." The treatment course of opioids in this patient has extended well beyond the timeframe required for a reassessment of therapy. In summary, there is insufficient documentation to support the chronic use of an opioid in this patient. Treatment with Ultram ER is not considered as medically necessary.