MAXIMUS Federal Services

Case Number:	CM15-0084484		
Date Assigned:	05/06/2015	Date of Injury:	11/26/1993
Decision Date:	06/10/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/01/2015

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 58 year old female who sustained an industrial injury on 11/26/1993. Current diagnoses include low back pain with sacroiliac radiculopathy and sacroiliitis. Previous treatments included medication management, physical therapy, TENS unit, and gym membership. Report dated 03/26/2015 noted that the injured worker presented with complaints that included low back pain with right lower extremity symptoms, and cervical pain. Pain level was 6 out of 10 (low back), 3 out of 10 (cervical) on a visual analog scale (VAS). Medication regimen includes tramadol, gabapentin, Ambien, omeprazole, and Relafen. Physical examination was positive for tenderness in the lumbar spine, decreased range of motion, and straight leg raise on the right is positive. The treatment plan included a discussion of options, continue gym membership, continue TENS unit, continue with request for supplies, and prescribed tramadol, gabapentin, omeprazole, Relafen, Ambien, and follow up in 4 weeks. The physician noted that the medications facilitate improved tolerance to a variety of activities including standing and walking. Disputed treatments include tramadol, gabapentin, and omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Tramadol 50mg #120: Upheld

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

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

Decision rationale: The request is for Tramadol in a patient with chronic spine and lower extremity pain dating back to 1993. Tramadol is a synthetic opioid affecting the central nervous system. Tramadol is effective in managing neuropathic pain when first-line agents (antidepressants, antiepilepsy drugs) are ineffective. Opioids are not recommended for long-term use in chronic pain. There is no documentation submitted showing a significant reduction of pain or improvement in function. There is also no documentation of an attempt at weaning or tapering this medication. Thus, the request is not medically necessary.

1 prescription of Gabapentin 600mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic): Anti-epilepsy (AEDs) for pain (2015).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic drugs Page(s): 16-19.

Decision rationale: Anitepileptic drugs (AED) are recommended as first-line agents for neuropathic pain. Gabapentin has been shown to be effective for treatment of painful diabetic neuropathy and post-herpetic neuralgia. In this case the clinical documentation submitted failed to provide adequate documentation of the patient's functional response to the medication and as such, failed to indicate the drug efficacy. All that is noted is that she is able to stand and walk better on her medications. There is no evidence that the Gabapentin is responsible for the minimal documented increase in function. In addition, the patient is taking a very low dose (600 mg/day). The MTUS gives the therapeutic range as 900-1,800 mg/day. So the patient may not be experiencing any therapeutic benefit at the low dose prescribed. The request is not medically necessary.