MAXIMUS Federal Services

Case Number:	CM15-0086645		
Date Assigned:	05/08/2015	Date of Injury:	12/21/2004
Decision Date:	06/23/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	05/05/2015

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 60 year old female, who sustained an industrial injury on December 21, 2004. She reported neck, low back, bilateral shoulder, bilateral wrist and bilateral knee pain. The injured worker was diagnosed as having cervical sprain/strain, lumbar derangement, right shoulder tenosynovitis, left shoulder tenosynovitis, ganglion of joint in the right wrist, left wrist tendonitis, right knee Baker's cyst and left knee meniscus tear. Treatment to date has included radiographic imaging, diagnostic studies, physical therapy, medications and work restrictions. The injured worker is not working. Pain levels are up to 8/10. Currently, the injured worker complains of continued neck, low back, bilateral shoulder, bilateral wrist and bilateral knee pain. The injured worker reported an industrial injury in 2004, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on February 26, 2015, revealed continued pain as noted. She reported surgical intervention had been recommended for bilateral knees. Evaluation on June 1, 2015, revealed continued pain as noted. Pain medications were renewed. Medications were renewed and requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin; Anti-epilepsy Drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-21.

Decision rationale: According to the MTUS guidelines, Antiepilepsy drugs (AEDs) are recommended for chronic neuropathic pain. Gabapentin is considered first line in the treatment of chronic neuropathic pain. However, in this case, the medical records do not establish evidence of neuropathy on clinical examination to support gabapentin. The request for Gabapentin 300mg #30 is not medically necessary and appropriate.

Tramadol HCL ER 100mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiods Page(s): 74-96.

Decision rationale: The MTUS guidelines do not support the long term use of opioids due to the development of dependency and tolerance. The MTUS guidelines indicate that opioids may be continued if there has been improvement in pain and function. However, the medical records note that the injured worker remains out of work and continues to complain of pain levels up to 8/10. The request for Tramadol HCL ER 100mg #30 is therefore not medically necessary and appropriate.