

Case Number:	CM13-0036735		
Date Assigned:	12/13/2013	Date of Injury:	05/23/2001
Decision Date:	02/15/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 42-year-old male who reported an injury on 05/23/2001. The mechanism of injury was not provided. The patient's diagnoses were noted to be chronic low back pain and left lower extremity radiculitis. The request was made for medication refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg #90 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Gabapentin Section Page(s): 16.

Decision rationale: The California MTUS Guidelines indicate that Gabapentin is shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The clinical documentation submitted for review failed to provide documentation of the patient's functional response to the medication and as such, failed to indicate the patient's efficacy. Additionally, there was request made concurrently for review for Gralise 600 mg #60 which is the brand name for Gabapentin. There is lack of documentation indicating the necessity for 2 of the same medications with different

strengths. Given the above, the request for Gabapentin 300 mg #90 with 1 refill is not medically necessary.

Norco 5/325mg #90 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco Section, Ongoing Management Section Page(s): 75, 78.

Decision rationale: The California MTUS Guidelines recommend short acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the "4 A's" including analgesia, activities of daily living, adverse side effects and aberrant drug-taking behavior. The clinical documentation submitted for review failed to provide the documentation of the "4 A's" to support ongoing treatment. Additionally, there was lack of documentation indicating the necessity for a refill. Given the above, the request for Norco 5/325 mg #90 with 1 refill is not medically necessary.

Tramadol ER 200mg #30 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Section, Ongoing Management Section Page(s): 82, 93, 94, 113, 78.

Decision rationale: The California MTUS states central analgesics drugs such as Tramadol (Ultram[®]) are reported to be effective in managing neuropathic pain and it is not recommended as a first-line oral analgesic. California MTUS recommend that there should be documentation of the "4 A's" for ongoing monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug-taking behavior. The clinical documentation submitted for review failed to provide the documentation of the "4 A's" to support ongoing usage. It was indicated that the patient required the medication to keep working; however, there was lack of documentation indicating the functional benefit provided by the medication. Given the above, the request for Tramadol ER 200 mg #30 with 1 refill is not medically necessary.

Gralise 600mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Section Page(s): 16.

Decision rationale: Gralise is the brand name for the medication Gabapentin. California MTUS guidelines indicate that Gabapentin is shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. There is a lack of documentation indicating the necessity for both the 300 mg and 600 mg strength of the same medication and there is a lack of documentation of the efficacy of the medication. Given the above, the request for Gralise 600mg #60 is not medically necessary.