

Case Number:	CM14-0162373		
Date Assigned:	10/07/2014	Date of Injury:	08/04/1998
Decision Date:	11/07/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/02/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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/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 injured worker is a 58-year-old male who reported an injury on 08/04/1998. The mechanism of injury was not provided. The diagnostic studies were not provided. The diagnoses included lumbar disc displacement. The documentation indicated the injured worker's medications included tramadol 50 mg every 6 hours as of early 2014. The injured worker was noted to take Neurontin as of 04/2014. The surgical history was not provided. The prior therapies included physical therapy. The injured worker underwent urine drug screens. The documentation of 09/04/2014 revealed the injured worker had low back pain. Active therapy was noted to help a little bit. The injured worker's current medications included tramadol 50 mg every 6 hours, 1 pill; Neurontin 2 pills at bedtime; and over the counter ranitidine for acid reflux. The physical examination revealed the injured worker was sitting in a rigid posture and had good communication. The injured worker's sitting and standing postures were normal. There were normal transitions from sit to stand. The gait was within normal limits. The physical examination revealed on palpation of the paravertebral muscles, there were tenderness, tight muscle bands, and a trigger point with a twitch response along with radiating pain on palpation on the left side. There was spinous process tenderness in the L3, L4, and L5. The injured worker could not walk on heels or toes. The straight leg raise test was positive on the left side in sitting. The treatment plan included trigger point injections and medication refills as well as a transcutaneous electrical nerve stimulation (TENS) unit. There was no rationale documented for the requested medication. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 100mg #60 with 1 refill: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend antiepilepsy medications as a first line medication for the treatment of neuropathic pain. There should be documentation of and objective decrease in pain of at least 30% to 50% and objective functional improvement. The clinical documentation submitted for review failed to indicate the injured worker had neuropathic pain. There was a lack of documentation of the above criteria. The duration of use was since at least 04/2014. The request as submitted failed to indicate the frequency for the requested medication. Additionally, there was a lack of documentation indicating a necessity for a refill. Given the above, the request for Neurontin 100 mg #60 with 1 refill is not medically necessary.

Tramadol Hcl 50mg #120 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There was a lack of documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had utilized the medication since early 2014. There was a lack of documentation of objective functional benefit, and an objective decrease in pain. There was a lack of documentation of side effects. There was documentation the injured worker was being monitored for aberrant drug behavior. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation indicating a rationale for 1 refill without re-evaluation. Given the above, the request for tramadol HCl 50 mg #120 is not medically necessary.