

Case Number:	CM14-0166178		
Date Assigned:	10/13/2014	Date of Injury:	08/08/2012
Decision Date:	11/13/2014	UR Denial Date:	09/20/2014
Priority:	Standard	Application Received:	10/08/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine, 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 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:

This is a male patient with a date of injury of August 8, 2012. A utilization review determination dated September 19, 2014 recommends not medically necessary of Ultram ER 150 mg #30 and recommends as being medically necessary of Neurontin 600 mg #60. A progress note dated September 4, 2014 identifies subjective complaints of having been fitted with a CROW boot two weeks ago, the patient states that it is too soon to tell if the boot is of benefit. The patient complains of continued pain, numbness, and tingling in the foot. His current pain level is 6 out of 10. Physical examination identifies a well-healed surgical scar of the right ankle/foot, there is atrophy of the lateral ankle and peroneal tendon, there is tenderness to palpation over the plantar fascia and lateral ankle, and range of motion of the right ankle is decreased in all planes. The diagnoses include status post right ankle open reduction/internal fixation performed on August 13, 2012, right knee sprain, right ankle sprain, and headaches/dizziness-deferred. The treatment plan identifies that a urine drug screen was obtained on April 14, 2014 and is consistent with medication used, the patient is to follow up to assess response of CROW boot, the patient is to proceed with the agreed medical examination, the patient is to discontinue Norco and start Ultram ER 150 mg #30 and start Neurontin 600 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER 150mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120.

Decision rationale: Regarding the request for Ultram ER 150mg #30, California Pain Medical Treatment Guidelines state that Ultram is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, the patient has a pain level of 6/10, and has ongoing pain. Ultram is being started to address this patient's pain. As such, the currently requested Ultram ER 150mg #30 is medically necessary with re-evaluation at the next follow-up to assess for pain level reduction and functional improvement.

Neurontin 600mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drug (AED).

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

Decision rationale: Regarding request for Neurontin 600mg #60, Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that 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. Within the documentation available for review, this is a new medication to be trialed by the patient to treat his neuropathic pain complaints. As such documentation, the currently requested Neurontin 600mg #60 is medically necessary with re-evaluation at the next follow-up to assess for pain level reduction, functional improvement, and side effects.