

Case Number:	CM14-0213475		
Date Assigned:	12/30/2014	Date of Injury:	01/20/2004
Decision Date:	02/27/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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: Tennessee, Mississippi

Certification(s)/Specialty: Anesthesiology, Pain Management

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 56-year-old male with a 1/20/04 date of injury. According to a progress report dated 11/21/14, the patient complained of total body pain, chronic fatigue, and problem sleeping. He stated that gabapentin was helpful, but he still had stiffness in the shoulder and neck. Objective findings: spasm of cervical and lumbar paraspinals, no new joint swelling, normal neurologic examination, no rheumatoid arthritis deformities. Diagnostic impression: cervical disc displacement, myalgia and myositis. Treatment to date: medication management and activity modification. A UR decision dated 11/22/14 denied the request for gabapentin, unknown prescription of tramadol cream, and 1 urine drug screen. Regarding gabapentin, this is recommended for neuropathic pain and according to the most recent examination on 8/7/14, there was not a complaint of neuropathic pain. Regarding tramadol cream, the guidelines do not recommend compounded monotherapy for pain control as there is little to no research to support many of the agents. Regarding urine drug screen, according to the most recent examination, the patient is not taking opioid medications to warrant a drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 550mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Anti-Epileptic Drugs, Gabapentin Page(s): 16-18, 49. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Neurontin).

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines states that Gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. However, in the present case, there is no documentation of neurologic symptoms or that this patient has a neuropathic component to his pain. In addition, it is noted that his neurologic examination was normal. A specific rationale as to why this patient requires gabapentin was not provided. Furthermore, gabapentin is not marketed in a 550mg formulation. Therefore, the request for Gabapentin 550mg was not medically necessary.

Unknown prescription of Tramadol Cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Topical Analgesics Page(s): 25, 28, 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). There is little to no research to support the use of many these agents. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. However, in the present case, guidelines do not support the use of the opioid, tramadol, in a topical formulation. A specific rationale identifying why this topical compounded medication would be required in this patient despite lack of guideline support was not provided. Therefore, the request for Unknown Prescription of Tramadol Cream was not medically necessary.

1 Urine Drug Screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 222-238, Chronic Pain Treatment Guidelines 9792.24.2 Drug Testing, Urine Testing in Ongoing Opiate Management Page(s): 43, 78.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that a urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. However, in the present case, the patient's current medication regimen was not provided in the most recent records provided for review. There is no evidence that this patient is currently taking an opioid medication. A specific rationale as to why urine drug testing is required in this patient was not provided. Therefore, the request for 1 Urine Drug Screen was not medically necessary.