

Case Number:	CM15-0016199		
Date Assigned:	02/04/2015	Date of Injury:	08/10/2008
Decision Date:	03/20/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	01/28/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 59 year old male, who sustained an industrial injury on 8/10/2008. The diagnoses have included thoracic or lumbosacral neuritis or radiculitis, unspecified, and multilevel disc herniations of lumbar spine. Treatment to date has included conservative treatment. Currently, the injured worker complains of increased low back pain and leg symptoms. He reported constant back pain, rated 4-5/10, and a pinching pain in the left side of his mid to upper back. He reported occasional pins and needles radiating down bilateral lower extremities, left greater than right. Physical exam noted a normal and non-antalgic gait. He had limited range of motion to the lumbar spine with tenderness to palpation. He had diminished sensation of the left L3, L4, and L5 dermatomes. The straight leg raise test on the left side at 40 degrees caused pain, extending down the leg to the calf. A magnetic resonance imaging report of the lumbar spine from 6/21/2013 was referenced as showing levoscoliosis with retrolisthesis, with multilevel disc disease and facet arthropathy, moderate canal stenosis, and moderate to severe neural foraminal narrowing. Current medications included Norco, Naproxen, and Tramadol. The PR2 report, dated 11/26/2014, noted a request for a trial of Gabapentin 600mg. On 1/16/2015, Utilization Review non-certified a request for Tramadol-APAP 37.5/325mg (#90), and non-certified a request for Gabapentin 600mg (#60), noting the lack of compliance with MTUS and Non-MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol APAP 37.5/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 59 year old male has complained of low back pain since date of injury 8/10/08. He has been treated with physical therapy and medications to include opioids since at least 11/2014. The current request is for Tramadol. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Tramadol is not indicated as medically necessary.

Gabapentin 600mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 110. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neurontin Page(s): 49.

Decision rationale: This 59 year old male has complained of low back pain since date of injury 8/10/08. He has been treated with physical therapy and medications. The current request is for Neurontin. Per the MTUS guideline cited above, Neurontin is a first line agent used for the treatment of neuropathic pain, effective for the treatment of post herpetic neuralgia and diabetic neuropathy. There is no documentation in the available medical records which supports the presence of any of these diagnoses. On the basis of the MTUS guidelines cited above and the available medical documentation, Gabapentin is not indicated as medically necessary.