

Case Number:	CM15-0019125		
Date Assigned:	02/09/2015	Date of Injury:	09/04/2014
Decision Date:	03/30/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/02/2015

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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 30 year old male who sustained an industrial injury on September 4, 2014. He has reported pain of the cervical/lumbar spine and has been diagnosed with cervical radiculopathy and lumbosacral radiculopathy. Treatment has included medications and physical therapy. Currently the injured worker complains of decreased range of motion of the cervical spine with spasm, guarding, tenderness, and numbness present in the arms bilaterally. The treatment plan included medications. On January 22, 2015 Utilization Review modified neurontin 300 mg # 90 + 5 refills and Ultram ER 150 mg # 60+ 5 refills citing the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 300 MG #90 with 5 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SPECIFIC ANTI-EPILEPSY DRUGS Page(s): 16-20.

Decision rationale: The 1/22/15 Utilization Review letter states the Neurontin 300mg, #90 with 5 refills, requested on the 12/01/2014 medical report was modified to allow #90 without refills, so the physician can report efficacy. The 12/01/14 medical report was not provided for this review. The 12/29/14 orthopedic report states the patient presents with cervical and lumbar pain. Exam reveals numbness in the C6, C7 and C8 dermatomes bilaterally, and in L4, L5 and S1 dermatomes bilaterally. The diagnoses was cervical radiculopathy; lumbar radiculopathy. Ultram ER, #60 and Neurontin, #90 were prescribed with 5 refills. The prior medical report is dated 10/20/14, which was the initial orthopedic report. The patient was prescribed Neurontin 300mg, #90 and Ultram ER, 150mg, #60. MTUS Chronic Pain Medical Treatment Guidelines, pages 18-19 under SPECIFIC ANTI-EPILEPSY DRUGS for Neurontin states: "Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." MTUS Chronic Pain Medical Treatment Guidelines pages 16 -18 for anti-epilepsy drugs. Antiepilepsy drugs (AEDs) Outcome states: A 'good' response to the use of AEDs has been defined as a 50% reduction in pain and a 'moderate' response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the 'trigger' for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails. Neurontin is recommended for neuropathic pain, however the initial prescription for #90 tablets appears to be on 10/20/14, 9 days before it was again prescribed for #90 with 5 refills. The 10/20/14 report does not discuss efficacy. The MTUS guidelines require a 30% reduction of pain to continue. The request for Neurontin 300mg, #90 with 5 refills without documentation of efficacy from the initial course, is not in accordance with MTUS guidelines, and therefore, IS NOT medically necessary.

Ultram ER 150 MG #60 with 5 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) CRITERIA FOR USE OF OPIOIDS Page(s): 113, 76-78.

Decision rationale: Ultram ER 150mg, #60 with 5 refills requested on the 12/01/14 medical report either denied or modified on the 1/22/15 Utilization Review letter. Unfortunately, the Utilization Review letter provided for this review was missing pages. Only 5 of 12 pages were provided for IMR, and the rationale for the denial or modification of Ultram ER was not included. The 12/01/14 medical report was not provided for this review. The 12/29/14 orthopedic report states the patient presents with cervical and lumbar pain. Exam reveals numbness in the C6, C7 and C8 dermatomes bilaterally, and in L4, L5 and S1 dermatomes bilaterally. The diagnoses was cervical radiculopathy; lumbar radiculopathy. Ultram ER, #60 and Neurontin, #90 were prescribed with 5 refills. The prior medical report is dated 10/20/14, which was the initial orthopedic report. The patient was prescribed Neurontin 300mg, #90 and Ultram ER, 150mg, #60. MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol (Ultram) states: "Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not

recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain." MTUS page 78 recommends documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior) as well as 'pain assessment' or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. The 10/20/14 initial orthopedic report does not discuss prior medications or discuss prior first-line oral analgesics. The initial prescription for Ultram ER #150mg #60 appears to be from 10/20/14 and the next visit, 9-days later on 10/29/14 show another #60 of Ultram ER 150mg, with 5 refills being prescribed. There is no discussion of efficacy. MTUS does not recommend Ultram/tramadol as a first-line oral analgesic, and does not recommend continuing treatment without a satisfactory response. Based on the available reports, the request for Ultram ER 150mg, #60 with 5 refills IS NOT medically necessary.