

<b>Case Number:</b>	CM15-0111552		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	05/09/2005
<b>Decision Date:</b>	07/17/2015	<b>UR Denial Date:</b>	05/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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: Emergency Medicine

### 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 female, who sustained an industrial injury on 5/9/2005. The current diagnoses are discogenic syndrome, myofascial pain, status post lumbar surgery (2007). According to the progress report dated 5/1/2015, the injured worker complains of chronic low back pain with radiation to bilateral lower extremities associated with numbness, tingling, and burning. The pain is rated 6/10 on a subjective pain scale. Additionally, he reports increased lower extremity numbness and incontinence. His mood is poor/angry secondary to increased pain since not having regular medications. The physical examination of the lumbar spine reveals diffuse tenderness to palpation over the paraspinal muscles. There is decreased range of motion noted. The current medications are Tramadol, Ibuprofen, and Gabapentin. Treatment to date has included medication management, MRI studies, TENS unit, acupuncture, chiropractic, home exercise program, and surgical intervention. The plan of care includes prescriptions for Ibuprofen, Gabapentin, and Tramadol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen 800mg #100:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Ibuprofen Page(s): 67-68, 72.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 12 of 127.

**Decision rationale:** The patient sustained an injury in May of 2005. She has subsequently been diagnosed with lumbar disc disease with lumbar pain. She has been treated with acupuncture, chiropractic care, a home exercise program, and pain medication. The request is for the ongoing use of NSAIDs for pain relief. The MTUS guidelines state that acetaminophen and NSAIDs are the first line therapy for low back pain. There is no specific duration stated in the guidelines but due to chronic discomfort with documented imaging studies revealing disc disease with peripheral nerve compression, ongoing use of NSAIDs would be reasonable. The side effect profile should be monitored by the treating physician. As such, the request is medically necessary.

**Gabapentin 300mg #30: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs, Gabapentin Page(s): 16-19.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 17-18 of 127.

**Decision rationale:** The patient sustained an injury in May of 2005. She has subsequently been diagnosed with lumbar disc disease with lumbar pain. She has been treated with acupuncture, chiropractic care, a home exercise program, pain medication, and underwent a 2 level fusion. The request is for the ongoing use of gabapentin for pain relief. The MTUS guidelines state that anti-epileptic drugs are indicated for the treatment of post surgical pain, stating the following: "AEDs may also be an option for postoperative pain, resulting in decreased opioid consumption." (Peng, 2007) (Buvanendran, 2007) As such, the request is medically necessary.

**Tramadol 150mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol, Weaning of Medications Page(s): 78-80, 93-94, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80 of 127.

**Decision rationale:** The patient sustained an injury in May of 2005. She has subsequently been diagnosed with lumbar disc disease with lumbar pain. She has been treated with acupuncture, chiropractic care, a home exercise program, pain medication, and underwent a 2 level fusion. The request is for the ongoing use of tramadol for pain relief. The MTUS guidelines state the following: "Chronic back pain: Appears to be efficacious but limited for short-term pain relief, and long term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time limited course of opioids has led to the suggestion of re-assessment and consideration of alternative therapy. There is no evidence to recommend one opioid over another. In patients taking opioids for back pain, the prevalence of lifetime substance use disorders has ranged from 36% to 56% (a statistic limited by poor study design). Limited information indicated that up to one-fourth of patients who receive opioids exhibit aberrant

medication-taking behavior. (Martell- Annals, 2007) (Chou, 2007) There are three studies comparing Tramadol to placebo that have reported pain relief, but this increase did not necessarily improve function. (Deshpande, 2007)" The patient as exceeded the 16 week period where maximal efficacy is seen. Also, there is inadequate documentation of improvement seen with medication use or any functional gains appreciated. Due to the above stated reasons, the medication is not medically necessary.