

Case Number:	CM15-0113190		
Date Assigned:	06/19/2015	Date of Injury:	10/15/2012
Decision Date:	07/21/2015	UR Denial Date:	05/25/2015
Priority:	Standard	Application Received:	06/11/2015

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: Preventive Medicine, Occupational 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 47-year-old female, who sustained an industrial injury on 10/15/2012. She reported that her lanyard snagged on a display grid while she was walking and she was pulled back, landing on her buttocks and using her left hand to brace her fall. The injured worker was diagnosed as having lumbar radiculopathy, lumbar facet syndrome, chronic neck and upper extremity pain consistent with cervical radiculopathy, headaches, cannot rule out post-concussion syndrome versus tension cervicgia, abdominal pain, cannot rule out peptic ulcer disease but likely the result of oral medication, including chronic nonsteroidal anti-inflammatory drug use, constipation due to opioid analgesics, insomnia related to chronic pain syndrome, chronic sprain/strain left wrist, and chronic sprain/strain left ankle. Treatment to date has included diagnostics, physical therapy, acupuncture, trigger point injections, lumbar epidural steroid injection (ESI) (3/04/2015), and medications. The use of Tramadol, Gabapentin, and Promolaxin was noted since at least 12/2014. It was documented that she tried Metamucil, Senna compounds, and Docusate without improvement of constipation. She reported nausea and headache associated with the use of Gabapentin. Currently (4/30/2015), the injured worker was seen for follow-up of persistent low back and left leg pain with numbness and weakness, severe neck and left upper extremity pain associated with numbness and weakness, severe left sided headache, abdominal pain with nausea and vomiting, constipation, and insomnia. She received an ESI on 3/04/2015, experienced no pain for a four-week period, and was able to return to all activities of daily living and normal functioning. Over the ensuing two weeks, she reported gradual recurrence of pain, but still significantly improved. Over the past week, she had a more

significant recurrence of low back pain with radiation down her left leg, with intermittent numbness and tingling. Just now, she resumed the use of Tramadol and Gabapentin. She was still able to discontinue her Flexaril. She still had some difficulty with constipation and reported that Promolaxin was helpful. She also reported that topical Dendracin was effective for localized muscle spasm. Physical exam noted improved lumbar range of motion, recurrent tenderness over the left lumbar paravertebral and gluteal muscles diffusely, and minimally positive straight leg raise test on the left. Minimal sensory deficits were noted along the left L4-S1 dermatomes, along with the left C5-7 dermatomes. No weakness of the extremities was noted and Achilles tendon reflex was still absent on the left. The CURES report confirmed that she was only receiving opioid medications from one provider. The treatment plan included repeat lumbar epidural steroid injection and continued medications (Tramadol, Promolaxin, and Gabapentin, with increase). It was documented that she now tolerated Gabapentin without recurrence of nausea, vomiting, or headache.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Weaning of Medications Section Page(s): 74-95, 124.

Decision rationale: Tramadol is a central acting synthetic opioid that exhibits opioid activity with a mechanism of action that inhibits the reuptake of serotonin and norepinephrine with side effects similar to traditional opioids. The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, the injured worker has used Tramadol in the recent past with no objective functional improvement of pain relief. He did receive an epidural steroid injection that provided significant relief for an extended period. The ESI benefits have ended and this request for Tramadol is to aid in pain relief. However, a new request for ESI has been approved; therefore, the request for tramadol is no longer warranted. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for tramadol 50mg #60 is determined to not be medically necessary.

Gabapentin 100mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-19.

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

Decision rationale: The MTUS Guidelines recommend the use of antiepilepsy drugs for neuropathic pain. Most randomized controlled trials for the use of antiepilepsy drugs for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy, with polyneuropathy being the most common example. There are few RCTs directed at central pain, and none for painful radiculopathy. A good response to the use of antiepilepsy drugs 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 to this magnitude may be the trigger for switching to a different first line agent, or combination therapy if treatment with a single drug fails. 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 antiepilepsy drugs depends on improved outcomes versus tolerability of adverse effects. Gabapentin 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. In this case, the injured worker has used Gabapentin in the recent past with no objective functional improvement of pain relief. He did receive an epidural steroid injection that provided significant relief for an extended period. The ESI benefits have ended and this request for Gabapentin is to aid in pain relief. However, a new request for ESI has been approved; therefore, the request for Gabapentin is no longer warranted. The request for Gabapentin 100mg is determined to not be medically necessary.

Promolaxin 100mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Criteria for Use Section Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Opioid-Induced Constipation Treatment Section.

Decision rationale: The MTUS Guidelines recommends the prophylactic treatment of constipation when initiating opioid therapy. The ODG states that first line treatment for opioid induced constipation includes laxatives to help stimulate gastric motility, as well as other medications to help loosen hard stools, add bulk, and increase water content of the stool. The injured worker is noted be treated with opioid medications, and occasionally reports problems with constipation. In this case, however, the continued use of opioids is not supported; therefore, the request for Promolaxin 100mg #100 is determined to not be medically necessary.