

Case Number:	CM15-0114323		
Date Assigned:	06/22/2015	Date of Injury:	05/11/2006
Decision Date:	07/22/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/12/2015

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, 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:

The injured worker is a 62-year-old male, with a reported date of injury of 05/11/2006. The diagnoses include lumbar sprain/strain with symptoms of right lower extremity radiculitis/radiculopathy and high blood pressure. Treatments to date have included a cane, home exercise program, and oral medications. The progress report dated 04/08/2015 indicates that the injured worker was recently admitted to the hospital on 03/06/2015 for increased blood pressure, increased heart rate, and chest pain. He had experienced increased low back pain as well. The objective findings include a moderately antalgic gait, tenderness to palpation and spasm of the lumbar spine, loss of lumbar lordosis, decreased sensation to the left lateral right thigh and lateral right leg, and abnormal strength in the right extensor hallucis longus muscle. The progress report dated 05/21/2015 indicates that the injured worker stated that he "hurts all over", and was becoming increasingly depressed. His primary complaint was constant aching in the low back. The objective findings include a moderately antalgic gait, tenderness to palpation and spasm of the lumbar spine, loss of lumbar lordosis, decreased sensation to the left lateral right thigh and lateral right leg, and abnormal strength in the right extensor hallucis longus muscle. There was no documentation of pain ratings or increased functionality. The Ultram and Gabapentin were prescribed on 03/04/015 according to the medical records. The treating physician requested Ultram 50mg #90 with one refill and Gabapentin 300mg #120 with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #90 with refill x 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Ultram, California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS) and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Ultram is not medically necessary.

Gabapentin 300mg #120 with refill x 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 18.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-21 of 127.

Decision rationale: Regarding request for gabapentin (Neurontin), Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that 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 AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is no identification of any specific analgesic benefit (in terms of percent reduction in pain or reduction of NRS), and no documentation of specific objective functional improvement. Antiepileptic drugs should not be abruptly discontinued but unfortunately, there is no provision to modify the current request. As such, the currently requested gabapentin (Neurontin) is not medically necessary.