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| Case Number: | CM15-0127165 | | |
| Date Assigned: | 07/17/2015 | Date of Injury: | 06/30/2004 |
| Decision Date: | 08/12/2015 | UR Denial Date: | 06/18/2015 |
| Priority: | Standard | Application Received: | 07/01/2015 |

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 52 year old male, who sustained an industrial injury on 06/30/2004. He has reported injury to the low back. The diagnoses have included lumbago; status post L4-L5 and L5-S1 artificial disc placement, on 06/29/2007; post-laminectomy syndrome, lumbar; and sciatica. Treatments have included medications, diagnostics, epidural steroid injections, surgical intervention, physical therapy, and home exercise program. Medications have included Percocet, Gabapentin, Tramadol, Docusate Sodium, and Senna. A progress report from the treating physician, dated 05/12/2015, documented an evaluation with the injured worker. Currently, the injured worker complains of chronic low back pain, secondary to post-laminectomy syndrome and sciatica; pain is rated a 4/10 on the visual analog scale, with intermittent radiation into his left lower extremity; pain is made worse with extended periods of activity; pain is made better with rest, changing position, as well as medication; with his medications, he reports 60% pain relief; and medications do provide him the functional benefit of being able to work full-time with decreased pain. Objective findings included alert and oriented; does not exhibit acute distress, anxiety, fatigue, confusion, lethargy, or pain; no abnormalities observed with gait and station; no edema or tenderness palpated in any extremity; and normal muscle tone without atrophy in the bilateral upper and lower extremities. The treatment plan has included the request for Gabapentin 800mg #90 x 3 refills; and Tramadol 200mg #60 x 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 800mg #90 x 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

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

Decision rationale: According to MTUS guidelines, "Gabapentin is an anti-epilepsy drug (AEDs - also referred to as anti-convulsants), which has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." There is no documentation that the patient sustained a neuropathic pain. Therefore, the prescription of Gabapentin 800mg #90 x 3 refills is not medically necessary.

Tramadol 200mg #60 x 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

Decision rationale: According to MTUS guidelines, Ultram (Tramadol) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. There is no clear documentation of pain and functional improvement with previous use of Tramadol. There is no documentation for compliance of the patient with his medications and a continuous monitoring of side effects. Therefore, the prescription of Tramadol 200mg #60 x 3 refills is not medically necessary.