MAXIMUS Federal Services

Case Number:	CM15-0170146		
Date Assigned:	09/10/2015	Date of Injury:	03/20/2013
Decision Date:	10/09/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/28/2015

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 55 year old male, who sustained an industrial-work injury on 3-20-13. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar degenerative disc disease (DDD), low back pain, shoulder joint pain, cervical intervertebral disc degeneration, carpel tunnel syndrome, knee internal derangement, and chronic pain syndrome. Medical records dated (1-12-15 to 7-16-15) indicate that the injured worker complains of neck, shoulder, bilateral upper extremity, low back and bilateral lower extremity pain. Per the medical record dated 7-16-15, he reports poor sleep, stress and anxiety. The injured worker also reports fatigue, night sweats, muscle aches, weakness, joint pain, back pain and swelling in the right knee. The medical record dated 11-19-14 documents that the injured worker has a history of Gastroesophageal reflux disease (GERD) related to Non-steroidal anti-inflammatory drug use. The medical records also indicate that he is attempting to do a walking program but no real home exercise program (HEP). Per the treating physician report dated 7-16-15 the physician notes that he remains greatly functionally limited regarding work. The physical exam dated 7-16-15 reveals that he is wearing braces on both upper extremities. He was noted to be globally deconditioned with multiple myofascial trigger points in the cervical paraspinous muscles, trapezius muscles and lumbar paraspinous muscles. He notes hypoesthesia bilaterally in the C7 median nerve distribution. Treatment to date has included pain medication including Flexeril, Tramadol and Gabapentin since at least 1-12-15, work modifications, bracing, physical therapy, aqua therapy, psyche, Cognitive Behavioral Therapy (CBT) diagnostics and other modalities. The treating physician indicates that the urine drug test result dated 9-11-13 was

inconsistent with the medication prescribed. The urine drug screen dated 8-14-14 was consistent with the medication prescribed. The original Utilization review dated 7-29-15, denied a request for Gabapentin 300 mg #120 with 5 refills as the documentation did not support ongoing use of gabapentin nor identify any specific improvement with the use of the medication, modified the request for Omeprazole 20 mg #30 with 5 refills modified to Omeprazole 20 mg #30 with 2 refills as the documentation supports a history of Gastroesophageal reflux disease (GERD) from the use of Non-steroidal anti-inflammatory drugs and denied Tramadol 50 mg #60 with 1 refill as the guidelines do not recommend long term use and there was no documented functional improvement with use of the medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300 mg #120 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: The MTUS Guidelines recommend the use of anti-epilepsy drugs for neuopathic pain. Most randomized controlled trials for the use of anti-epilepsy drugs for neuropathic pain have been directed at post-herpetic 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 anti-epilepsy 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 anti-epilepsy drugs depends on improved outcomes verus tolerability of adverse effects. Gabapentin 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. In this case, there is insignificant evidence that the injured worker has neuropathic pain and there is no objective evidence of significant pain relief or functional improvement. The request for Gabapentin 300 mg #120 with 5 refills is determined to not be medically necessary.

Omeprazole 20 mg #30 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Proton pump inhibitors, such as Omeprazole are recommended by the MTUS Guidelines when using NSAIDs if there is a risk for gastrointestinal events. In this case, there is evidence of that the injured worker has had a gastrointestinal event or is at increased risk of a gastrointestinal event, which may necessitate the use of Omeprazole when using NSAIDs. However, five refills does not allow for close reassessment of efficacy in the injured worker. The request for Omeprazole 20 mg #30 with 5 refills is determined to not be medically necessary.

Tramadol 50 mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

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, there is no documentation of significant pain relief or functional improvement with the use of Tramadol. 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 50 mg #60 with 1 refill is determined to not be medically necessary.