

<b>Case Number:</b>	CM15-0177897		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	02/08/2010
<b>Decision Date:</b>	10/22/2015	<b>UR Denial Date:</b>	08/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2015

### 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: 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 52 year old female injured worker suffered an industrial injury on 2-8-2010. The diagnoses included "chronic pain, pain in joint, lower leg, pain in joint, ankle-foot and disorder lumbar disc". On 7-30-2015 the treating provider reported back pain with radiating left leg pain that increased with walking. She reported the functional restoration program was effective. On exam there was an altered gait, positive straight leg raise on the left, spasm and guarding of the lumbar spine, mild edema to the left ankle with tenderness noted. She used a cane for mobility. The provider reported improvement in activities of daily living with medications. Prior treatments included physical therapy. The documentation provided included no evidence of a comprehensive pain evaluation with pain levels with and without medication, no specific evidence of functional improvement and no aberrant risk assessment. The diagnostics included left knee and left foot magnetic resonance imaging and electromyography studies 12-2-2010. The Utilization Review on 8-11-2015 determined non-certification for Tramadol HCL ER 150 mg #90 and Gabapentin 600 mg #60. A recent appeal regarding medications notes improved pain and function secondary to Tramadol use. No benefits specifically related to the use of Gabapentin are documented. The records provided for review do not cover when Gabapentin was introduced, but there is no documentation specifically related to its use and subsequent benefits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol HCL ER 150 mg #90: Overturned**

**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, criteria for use.

**Decision rationale:** MTUS Guidelines support the careful use of opioids if the level of pain relief is meaningful, its use supports daily functioning and there are no aberrant behaviors. The most recent documentation supports its use per these Guideline standards. There is pain relief, support of ADL's and not drug related aberrant behaviors. Under these circumstances, the Tramadol HCL ER 150 mg #90 is supported by Guidelines and is medically necessary.

**Gabapentin 600 mg #60: 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:** MTUS Guidelines have specific criteria to support the use of Gabapentin for neuropathic pain disorders. These standards have not been met with this individual. The Guidelines support long term use if there is a 30% or better improvement in pain secondary to its use. The treatment narratives and appeal do not establish any benefits specifically related to the use of Gabapentin. The narratives do not documented any significant benefits related to Gabapentin use and the appeal does not separate any benefits from a compounded topical that is appealed. The appeal does not address any specific benefits in pain that approach a 30% improvement. Under these circumstances, the Gabapentin 600 mg #60 is not supported by Guidelines and is not medically necessary.