

Case Number:	CM15-0038067		
Date Assigned:	03/06/2015	Date of Injury:	04/12/2007
Decision Date:	04/20/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	02/27/2015

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

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 64 year old male who sustained an industrial injury on 4/12/07. He currently complains of constant neck pain with radiation to bilateral upper extremities with associated numbness and tingling; constant low back pain radiating to bilateral lower extremities; pain in the left hand and right wrist and hand. The pain intensity is 5/10 with medications and 7/10 without medications. The pain is worse than on previous visits. Activities of daily living are limited in self-care, hygiene, activity, ambulation, hand function, sleep and sex. Medications include Voltaren gel 1%, Ultram, gabapentin. Diagnoses include lumbar disc degeneration; chronic pain; lumbar radiculopathy; L4-5, L5-S1 disc protrusion; bilateral carpal tunnel syndrome; status post right carpal tunnel release (9/19/13/); bilateral knee pain; arthroscopy with chondromalacia noted at the time of surgery (4/12/10); status post right thumb surgery; cervical strain; L4-5 annular tearing; stress syndrome and insomnia. Treatments to date include transcutaneous electrical nerve stimulator unit that is helpful, topical medications, trigger point injections, home exercise program. Diagnostics included x-ray bilateral wrists; x-ray of bilateral shoulders; x-ray of bilateral hands; X-ray of right knee; x-ray of cervical spine; x-ray of the lumbar spine all done 9/26/14 and were unremarkable. MRI lumbar spine (1/30/10) showing disc desiccation and protrusion; MR Arthrogram right knee (7/2/12); electromyography/ nerve conduction study (12/5/14) showed neuropathic changes C5-6 distribution. In the progress note dated 1/28/15 the treating provider prescribed gabapentin for neuropathic pain and Tramadol for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 gabapentin 600mg with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Medications for chronic pain Page(s): 18-19, 60.

Decision rationale: The patient presents with neck pain radiating to bilateral upper extremities and low back pain radiating to bilateral lower extremities. The request is for 120 GABAPENTIN 600MG WITH 1 REFILL. The request for authorization is dated 01/28/15. MRI of the lumbar spine, 01/30/10, shows disc desiccation and disc protrusions at the levels of L4-5 and L5-S1, slight narrowing of the neural foramina bilaterally at the level of L4-5. MR Arthrogram of the right knee, 07/02/12, shows chondromalacia patella, grade IV. X-rays of the bilateral wrists, shoulders and hands, right knee, cervical and lumbar spines on 09/26/14 were all unremarkable. McMurray's sign is positive medially. The pain is rated as 5/10 with and 7/10 without medications. The patient reports ongoing activity of daily living limitations in the following areas due to pain: self care and hygiene, activity, ambulation, hand function, sleep and sex. The patient reports the use of a TENS unit is helpful. He is not attending any form of therapy. Patient is to continue on-going home exercise program. Patient's medications include Gabapentin, Tramadol and Voltaren gel. The patient is not working. MTUS has the following regarding Gabapentin on pg 18, 19: "Gabapentin (Neurontin, Gabarone, generic available) 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." MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Per progress report dated 01/28/15, treater's reason for the request is it "will be utilized for the patient's neuropathic pain." The patient has been prescribed Gabapentin since at least 10/07/14. Per progress report dated, 01/28/15, treater documents reduction of pain from 7/10 to 5/10 with use of medication. However, the treater does not adequately discuss how Gabapentin is benefiting the patient. In fact, per progress report dated, 02/17/15, treater states, "Specific medications tried and failed in the past: Cialis; Gabapentin; Lunesta; Omeprazole; Tramadol; Vitamin D." The treater does not document or discuss the reason the patient is to continue Gabapentin, a medication stated to have failed the patient in the past. Therefore, the request IS NOT medically necessary.

60 tramadol ER 150mg with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient presents with neck pain radiating to bilateral upper extremities and low back pain radiating to bilateral lower extremities. The request is for 60 TRAMADOL ER 150MG WITH 1 REFILL. The request for authorization is dated 01/28/15. MRI of the lumbar spine, 01/30/10, shows disc desiccation and disc protrusions at the levels of L4-5 and L5-S1, slight narrowing of the neural foramina bilaterally at the level of L4-5. MR Arthrogram of the right knee, 07/02/12, shows chondromalacia patella, grade IV. X-rays of the bilateral wrists, shoulders and hands, right knee, cervical and lumbar spines on 09/26/14 were all unremarkable. McMurray's sign is positive medially. The pain is rated as 5/10 with and 7/10 without medications. The patient reports ongoing activity of daily living limitations in the following areas due to pain: self care and hygiene, activity, ambulation, hand function, sleep and sex. The patient reports the use of a TENS unit is helpful. He is not attending any form of therapy. Patient is to continue on-going home exercise program. Patient's medications include Gabapentin, Tramadol and Voltaren gel. The patient is not working. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Per progress report dated 01/28/15, treater's reason for the request is it "will be utilized for pain." The patient has been prescribed Tramadol since at least 10/07/14. MTUS requires appropriate discussion of the 4A's, and analgesia is discussed per progress report dated, 01/28/15, treater documents reduction of pain from 7/10 to 5/10 with use of medication. However, in addressing all the 4A's, treater does not discuss how Tramadol significantly improves patient's activities of daily living with specific examples of ADL's. No validated instrument is used to show functional improvement. Furthermore, there is no documentation or discussion regarding adverse effects and aberrant drug behavior. No UDS, CURES or opioid pain contract. No return to work or change in work status, either. Therefore, given the lack of documentation as required by MTUS, the request IS NOT medically necessary.