

Case Number:	CM15-0076949		
Date Assigned:	04/28/2015	Date of Injury:	10/22/2001
Decision Date:	05/26/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/22/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 59 year old male, who sustained an industrial injury on October 22, 2001. He has reported neck pain, headache, hand and wrist pain, lower back pain, and knee pain. Diagnoses have included left knee anterior cruciate ligament tear, carpal tunnel syndrome, lumbar spine spondylosis, chronic right medial epicondylitis, and lumbar spine radiculitis. Treatment to date has included medications, use of a cane, psychotherapy, epidural steroid injection, home exercise, and bilateral carpal tunnel release. A progress note dated February 26, 2015 indicates a chief complaint of neck pain, headache, lower back pain, knee pain, and numbness and tingling of the hands. The treating physician documented a plan of care that included medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 300mg, #60 with 2 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Gabapentin.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Neurontin (Gabapentin) 300 mg #60 with 2 refills is medically necessary. Gabapentin is recommended for some neuropathic pain conditions in fibromyalgia. Gabapentin is associated with a modest increase in the number of patients experiencing meaningful pain reduction. Gabapentin is an anti-epilepsy drug (AED). Gabapentin is considered a first-line treatment for neuropathic pain. In this case, the injured worker's working diagnoses are left knee medial compartmental arthropathy, ACL tear; status post bilateral carpal tunnel releases with recurrent carpal tunnel syndrome; lumbar spondylosis; flexor tenosynovitis right middle finger and ring fingers; chronic right medial epicondylitis; internal medicine diagnosis; and hepatitis B. The documentation in the medical record shows the treating provider prescribed Neurontin as far back as May 29, 2014. The same strength, quantity and number of refills were renewed at that time. Subjectively, the injured worker has neuropathic symptoms consisting of numbness and tingling in the wrists and low back. The injured worker has marked decrease sensation of the hands and wrists to pinprick testing. Neurontin is clinically indicated and appropriate as a first-line treatment option for neuropathic pain. Based on the medical record documentation and the peer-reviewed evidence-based guidelines, Neurontin (Gabapentin) 300 mg #60 with 2 refills is medically necessary.

Ultram 50mg, #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ultram (tramadol).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Ultram 50mg #60 with 2 refills is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are left knee medial compartmental arthropathy, ACL tear; status post bilateral carpal tunnel releases with recurrent carpal tunnel syndrome; lumbar spondylosis; flexor tenosynovitis right middle finger and ring fingers; chronic right medial epicondylitis; internal medicine diagnosis; and hepatitis B. The documentation in the medical record shows the treating provider prescribed Ultram 50 mg as far back as May 29,

2014. The same strength, quantity and number of refills were renewed at that time. Subjectively, the injured worker has neuropathic symptoms consisting of numbness and tingling in the wrists and low back. The injured worker has marked decrease sensation of the hands and wrists to pinprick testing. The utilization review indicates Ultram was recommended for weaning according to certification #1044916. There has been no decrease in the quantity, strength or number of refills. There were no risk assessments in the medical record. There are no detailed pain assessments in the medical record (with ongoing opiate use). There is no documentation of objective functional improvement to support ongoing Ultram 50mg. Consequently, absent compelling clinical documentation with objective functional improvement to support ongoing Ultram, detailed pain assessments and risk assessments and attempted weaning off Ultram, Ultram 50mg # 60 with 2 refills is not medically necessary.

Voltaren 75mg, #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Diclofenac (Voltaren).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAI Page(s): 22, 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAI.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Ultram 50mg #60 with 2 refills is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are left knee medial compartmental arthropathy, ACL tear; status post bilateral carpal tunnel releases with recurrent carpal tunnel syndrome; lumbar spondylosis; flexor tenosynovitis right middle finger and ring fingers; chronic right medial epicondylitis; internal medicine diagnosis; and hepatitis B. The documentation in the medical record shows the treating provider prescribed Ultram 50 mg as far back as May 29, 2014. The same strength, quantity and number of refills were renewed at that time. Subjectively, the injured worker has neuropathic symptoms consisting of numbness and tingling in the wrists and low back. The injured worker has marked decrease sensation of the hands and wrists to pinprick testing. The utilization review indicates Ultram was recommended for weaning according to certification #1044916. There has been no decrease in the quantity, strength or number of refills. There were no risk assessments in the medical record. There are no detailed pain assessments in the medical record (with ongoing opiate use). There is no documentation of objective functional improvement to support ongoing Ultram 50mg. Consequently, absent compelling clinical documentation with objective functional improvement to support ongoing Ultram, detailed pain assessments and risk assessments and attempted weaning off Ultram, Ultram 50mg #60 with 2 refills is not medically necessary.