

Case Number:	CM15-0077091		
Date Assigned:	04/28/2015	Date of Injury:	11/13/2007
Decision Date:	06/01/2015	UR Denial Date:	04/16/2015
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: 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 58-year-old male, who sustained an industrial injury on November 13, 2007. He reported lumbar pain with lower extremity radiculopathy. The injured worker was diagnosed as having unspecified neuralgia, neuritis and radiculitis, lumbar disc displacement, lumbosacral sprain, skin lesions and muscular disuse atrophy. Treatment to date has included radiographic imaging, diagnostic studies, physical therapy, medications, lumbar injections and work restrictions. Currently, the injured worker complains of continued low back pain radiating to the lower extremities with associated paresthesia. The injured worker reported an industrial injury in 2007, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. Evaluation on November 6, 2014, revealed continued pain as noted. Lumbar epidural injections and medications were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar ESI x3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Epidural steroid injections and on the AMA Guides, 5th Edition, page 382, 383.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit, however there is no significant long term benefit or reduction for the need of surgery. Furthermore, the patient's file does not document that the patient is candidate for surgery. MTUS guidelines does not recommend epidural injections for back pain without radiculopathy (309). There is no documentation of the specific level(s) to be addressed, therefore there is no documentation of objective findings, nor imaging and electro diagnostic testing, to support the presence of radiculopathy in each of the requested nerve root distributions. In addition, there is no documentation that the patient had a sustained pain relief from previous lumbar injections. There is no documentation of functional improvement and reduction in pain medications use. Finally, the number of injections requested exceeds the number recommended by MTUS guidelines. Therefore, the request of lumbar ESI x3 is not medically necessary.

Gabapentin 600mg, two (2) times per day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin, Gabarone, generic available). Decision based on Non-MTUS Citation Physicians' Desk Reference, Neurontin (Gabapentin) and on the Non-MTUS Official Disability Guidelines (ODG), Gabapentin (Neurontin).

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 postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." There was no documentation that the patient is suffering from neuropathic pain including diabetic neuropathic pain or post-herpetic neuralgia condition. Therefore, the prescription of GABAPENTIN 600 MG is not medically necessary.

Tramadol 50mg, 2 every 8 hours as needed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 79-81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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. 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 in this patient with previous use of Tramadol. There is no clear documentation of compliance and UDS for previous use of tramadol. Therefore, the prescription of Tramadol 50mg is not medically necessary.