

Case Number:	CM15-0077361		
Date Assigned:	04/28/2015	Date of Injury:	05/03/2010
Decision Date:	06/26/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	04/23/2015

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 52-year-old female with an industrial injury dated 05/03/2010. Her diagnosis is lumbar disc displacement without myelopathy. Prior treatment included going to the gym 3-4 times per week, home exercise program, diagnostics, physical therapy and medications. She presents on 03/10/2015 with complaints of lower back pain. Objective findings included spasm and guarding of the lumbar spine. Muscle tone was normal in bilateral upper and lower extremities. The treatment plan included medications for pain to include gabapentin and tramadol. Anti-inflammatory medications were also requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective use of Tramadol/APAP 37.5/325mg #90 (DOS 12-30-14): Overturned

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 on 04/21/15 with unrated lower back pain. The patient's date of injury is 05/03/10. Patient has no documented surgical history directed at this complaint. The request is for Retrospective Usage of Tramadol/APAP 37.5/325mg #90 (DOS 12/30/14). The RFA is dated 04/16/15. Progress note dated 04/21/15 does not include any physical findings, only a review of systems and discussion of past imaging and a detailed case history. The patient is currently prescribed Ibuprofen, Tramadol, and Gabapentin. Diagnostic imaging included lumbar MRI dated 03/07/11, significant findings include: "L2-3 there is a right paracentral disc protrusion measuring approximately 4mm anterior to posterior. Finding may impinge upon the traversing L3 nerve root to the right. There is moderate narrowing of the central canal contributed to by mildly hypertrophied facets and ligamentum flavum buckling." Patient is currently working full time. MTUS Guidelines pages 88 and 89 under Criteria for Use of Opioids (Long-Term Users of Opioids): "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 under Criteria For Use of Opioids - Therapeutic Trial of Opioids, 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. In regard to the retrospective DOS 12/30/14 prescription of Tramadol, the request is appropriate. This is the initiating prescription of this medication, as the provider notes that the patient has experienced a recent flare up in her lower back pain which is now unresolved by her NSAID medications, and that the Tramadol is to be utilized for breakthrough pain. The provider states: "The patient states that she is having a difficult time with work because she has been calling in sick due to pain... she has been on several different opiate medications in the past, with some benefit last time she was on Tramadol was in 2013." Given this patient's pain symptoms which are unresolved by NSAIDs, a trial of Tramadol is substantiated. Therefore, the request is medically necessary.

Gabapentin 600mg #60: Overtaken

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 18-19.

Decision rationale: The patient presents on 04/21/15 with unrated lower back pain. The patient's date of injury is 05/03/10. Patient has no documented surgical history directed at this complaint. The request is for Prospective Usage of Gabapentin 600mg #60. The RFA was not provided. Progress note dated 04/21/15 does not include any physical findings, only a review of systems and discussion of past imaging and a detailed case history. The patient is currently prescribed Ibuprofen, Tramadol, and Gabapentin. Diagnostic imaging included lumbar MRI dated 03/07/11, significant findings include: "L2-3 there is a right paracentral disc protrusion measuring approximately 4mm anterior to posterior. Finding may impinge upon the traversing L3 nerve root to the right. There is moderate narrowing of the central canal contributed to by mildly hypertrophied facets and ligamentum flavum buckling." Patient is currently working full time. 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." In regard to the prospective Gabapentin, the request is appropriate. Per progress note dated 04/21/15, this patient was provided with a prescription of Gabapentin on 03/10/15, though did not take the medication until after the 04/21/15 visit because of a fear of drug interaction. During the 04/21/15 visit, the provider notes this misunderstanding and states that his attempts to educate the patient which were successful. It is also noted also that this patient's lower back pain radiates into the left lower extremity when she sits. Utilization review denied this medication on the grounds that efficacy was not established, though it is clear from the documentation that the patient had not yet begun to take Gabapentin. The prospective request was made for when the patient runs out of the initial prescription. This patient presents with neuropathic pain complaints, a trial of Gabapentin is substantiated. The request is medically necessary.

Tramadol/APAP 37.5/325mg #90: 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 on 04/21/15 with unrated lower back pain. The patient's date of injury is 05/03/10. Patient has no documented surgical history directed at this complaint. The request is for Prospective Usage of Tramadol 37.5/325MG #90. The RFA was not provided. Progress note dated 04/21/15 does not include any physical findings, only a review of systems and discussion of past imaging and a detailed case history. The patient is currently prescribed Ibuprofen, Tramadol, and Gabapentin. Diagnostic imaging included lumbar MRI dated 03/07/11, significant findings include: "L2-3 there is a right paracentral disc protrusion measuring approximately 4mm anterior to posterior. Finding may impinge upon the traversing L3 nerve root to the right. There is moderate narrowing of the central canal contributed to by mildly hypertrophied facets and ligamentum flavum buckling." Patient is currently working full time. MTUS Guidelines pages 88 and 89 under Criteria For Use of Opioids (Long-Term Users of Opioids): "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 under Criteria For Use of Opioids Therapeutic Trial of Opioids, 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. In regard to the continuation of Tramadol for the maintenance of this patient's lower back pain, the provider has not provided adequate documentation of medication efficacy to continue treatment. This patient has been prescribed Tramadol since 12/30/14. In regard to efficacy, progress note dated 04/21/14 does not provide documentation of analgesia using a validated scale. The progress note documents that this patient has continued working, which can be considered functional improvement. There is no discussion of a lack of aberrant behavior, or urine drug screenings to confirm medication compliance. Owing to a lack of complete 4 A's documentation as required by MTUS, continuation of this medication cannot be substantiated. The request is not medically necessary.

Ibuprofen 800mg 360 with 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment

Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications. Medications for chronic pain Page(s): 22, 60.

Decision rationale: The patient presents on 04/21/15 with unrated lower back pain. The patient's date of injury is 05/03/10. Patient has no documented surgical history directed at this complaint. The request is for Prospective Usage of Ibuprofen 800MG #60 with 3 Refills. The RFA was not provided. Progress note dated 04/21/15 does not include any physical findings, only a review of systems and discussion of past imaging and a detailed case history. The patient is currently prescribed Ibuprofen, Tramadol, and Gabapentin. Diagnostic imaging included lumbar MRI dated 03/07/11, significant findings include: "L2-3 there is a right paracentral disc protrusion measuring approximately 4mm anterior to posterior. Finding may impinge upon the traversing L3 nerve root to the right. There is moderate narrowing of the central canal contributed to by mildly hypertrophied facets and ligamentum flavum buckling." Patient is currently working full time. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications states: "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." MTUS pg60 under Medications for chronic pain also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In regard to the prospective Ibuprofen for this patient's chronic lower back pain, adequate documentation of pain reduction and functional improvement has been provided. Progress note dated 03/10/15 states: "She does find ibuprofen effective and it does decrease her pain down to 3/10." Given the conservative nature of this medication and documented analgesia, continued use is substantiated. The request is medically necessary.