

<b>Case Number:</b>	CM13-0049747		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/15/2013
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	10/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/08/2013

### 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. The expert reviewer is Board Certified in Family Practice and is licensed to practice Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 26-year-old male with a reported date of injury on 11/26/2012. The injury reportedly occurred when the injured worker was performing his duties as a truck driver, where he obtained a crush injury to the right hand. The injured worker presented with pain involving the right ringer finger and numbness involving the ulnar aspect of the right forearm. Upon physical examination, the injured worker's upper motor strength revealed, finger adduction, flexion, and extension at 3/5 to 4/5 on the right. According to the NCV/EMG of the neck and upper extremities dated 10/09/2013, revealed evidence of denervation with changes involving the right digital minimal muscle. The physician indicated that the injured worker did not have evidence on physical examination or electrodiagnostic testing of right ulnar neuropathy. The injured worker's diagnoses included status post work related injury involving the right hand, including fracture of the fifth metacarpal, right ulnar neuropathy, mild prolongation of the right median nerve, possible early carpal tunnel syndrome, headaches, and insomnia secondary to pain. The injured worker's medication regimen included Soma and Motrin. The request for authorization for Prazolamine #90 and Theratramadol 60 #120 was submitted on 11/05/2013. The rationale for the request was not provided within that clinical information available for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRAZOLAMINE #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), Gabapentin (Neurontin) page(s) 29 & 49 Page(s): 29 & 49.

**Decision rationale:** Prazolamine contains carisoprodol and gabapentin. The California MTUS guidelines do not recommend carisoprodol. This medication is not indicated for long term use. Carisoprodol is a commonly prescribed, centrally active skeletal muscle relaxant. In addition, the California MTUS Guidelines state that gabapentin is an antiepilepsy drug, 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 is a lack of clinical documentation stating that the injured worker has muscle spasms over other objective clinical findings of neuropathy. In addition, the request as submitted failed to provide the dosage and frequency in the utilization of Prazolamine. In addition, the California MTUS Guidelines do not recommend carisoprodol. Therefore, the request for Prazolamine #90 is not medically necessary.

**THERATRAMADOL-60 #120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabentin (Neurontin) Opioids, Criteria for use, page(s) 49, 76 & 113 Page(s): 49, 76 & 113.

**Decision rationale:** Theratramadol contains tramadol HCl and gabapentin. According to the California MTUS Guidelines, gabapentin is an antiepilepsy drug, 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. The California MTUS Guidelines state that tramadol is synthetic opioid analgesic and is not recommended as a first line oral analgesic. According to the guidelines, before initiating therapy, the patient should set goals, and continued use of opioids should be contingent on meeting these goals. The clinical documentation provided for review lacks documentation of goals, and a failure of a trial of nonopioid analgesics. The rationale for the request was not provided within the documentation available for review. Additionally, there is a lack of objective clinical findings of neuropathic pain. In addition, the request as submitted failed to provide frequency and dosage of theratramadol to be utilized. Therefore, the request for Theratramadol 60 #120 is not medically necessary.