

<b>Case Number:</b>	CM13-0056457		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	02/08/2009
<b>Decision Date:</b>	05/05/2014	<b>UR Denial Date:</b>	10/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/22/2013

### 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 in 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 patient is a 47 year old former cleaner who was injured on 2/8/09. The patient was on top of an 8 -10 foot tank, cleaning it when they fell off onto a concrete floor. The patient suffered loss of consciousness and fractures to the right face, right hand and wrist. They underwent surgical fixation of the facial and wrist fractures. Further injury was reported to the cervical spine with cervical neuritis, and lumbar spine with lumbar neuritis. They were treated with physical therapy, chiropractic treatments, and medications. The requesting provider first examined the patient on 5/29/13 and noted diagnoses of neck pain, thoracic pain, lumbar pain, radiculopathy of the right upper extremity, complaints of anxiety, depression, and difficulty sleeping. Exam at that visit showed muscle tenderness and spasm of the cervical, thoracic, and lumbar spine areas. The exam also noted a normal neurologic exam. Medications at this visit were noted to be cyclobenzaprine, Protonix, Voltaren, tramadol ER and Dendracin. A urine drug screen was also obtained at this visit. While not specifically stated it appears that the medications of cyclobenzaprine and tramadol ER were given. On the next visit of 6/26/13 the exam again showed pain and spasm of the cervical, thoracic, and lumbar spine, with no mention of neuropathic pain. No mention of change in pain or function was made. Diagnosis of cervical sprain/strain, chronic low back pain, facial injury status post-surgery, status post-surgery of right hand, anxiety, depression, and sleep disturbance. A refill prescription for Gabapentin for lower extremity pain, Norco for breakthrough pain, and Flexeril for spasms. On the next visit of 7/24/13 pain and spasm were again noted over the cervical, thoracic, and lumbar spine areas of the back, and pain was noted to extend down both arms, as well as pain in the patients right hand. Again, no mention of change in pain or function was noted. Recommendation was given to continue Norco, tramadol, Gabapentin, and Flexeril, and another urine drug screen was ordered. On the next visit of 8/28/13 the patient complained of pain in their mid and lower back, and also

complained of pain in the right foot and right and left wrists. No notation of change in pain or function. The physical exam did not change, and a recommendation was given to continue tramadol and cyclobenzaprine, and to wean down off of the Gabapentin and Norco. On the next visit of 9/24/13 the patient noted pain in their neck and low back, pain in right wrist, and pain extending down the right leg. There was no change in the physical exam, no notation change in pain or function. Another urine drug screen was ordered and no refills mentioned, just a notation to continue current medications. On the next visit of 10/23/13 the patient noted pain in their neck and lower back, right shoulder, right arm, right hand and right foot. No change in the physical exam was noted. Another urine drug screen was ordered and the record notes that the patient was unsure of what meds they were taking, possibly tramadol. On 10/22/13 a request from the requesting provider was made for Gabapentin, and tramadol ER, for a diagnosis of cervical sprain/strain. This request underwent utilization review on 10/29/13 and was denied, but with some allowance for each medication. The request for Gabapentin was denied due to the proposed use being off label, with the diagnosis of cervical sprain/strain not indicated for use of Gabapentin. The review also noted lack of evidence of neuropathic pain for which Gabapentin does have an indicated use. 30 pills were certified to allow the patient to wean off of the drug. The tramadol ER was denied as well noting lack of an opioid contract, lack of periodic urine drug screen testing, no documentation for need of around the clock opioid use, and lack of documentation of significantly improved functionality. 15 pills were certified to allow the requesting physician t

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**GABAPENTIN 600MG #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
ANTIPILEPSY Page(s): 16-22.

**Decision rationale:** In the MTUS chronic pain medical treatment guidelines section on anti-epilepsy drugs, pages 16-22, subsection on Gabapentin on pages 18-19, notes that Gabapentin is indicated for use in diabetic neuropathy, post herpetic neuralgia, neuropathic pain, spinal cord injury, Complex Regional Pain Syndrome (CRPS), fibromyalgia, and lumbar spinal stenosis. The record from the requesting provider is inconsistent with diagnosis or exam findings of neuropathic pain or any of the other listed appropriate conditions. Further, under the subsection of recommended trial period, page 19, it states that an adequate trial of Gabapentin is three to eight weeks and that the patient should be asked at each visit as to whether there has been a change in pain or function. There is no documentation to show any change in pain or function over the 5 month span from 5/29/13 to 10/23/13 from the requesting provider. Therefore the request for Gabapentin was not medically necessary.

**TRAMADOL ER 150MG #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-96.

**Decision rationale:** In the MTUS chronic pain medical treatment guidelines section on opioids, pages 74-96, subsection on on-going management, page 78, under item C, notes that there should be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The requesting provider's notes do not address these issues. Item E, notes use of drug screening for issues of abuse, addiction, or poor pain control. Per the requesting provider's notes there is regular use of urine drug screening, but very limited information regarding the results of these tests, and no documentation of any pain relief, functional status changes, appropriate medication use, or side effects. The utilization review noted absence of a opioid contract, but per MTUS chronic pain medical treatment guidelines subsection on criteria for use of opioids, pages 76-80, item 2, sub item I, page 77, notes that a written consent or pain agreement for chronic use is not required. The utilization review did allow 15 pills of tramadol ER to allow an adequate trial and opportunity for the requesting provider to adequately document an ongoing need, and if improvement in function could be achieved through use of the medication. Given the lack of documentation for continuing need, change in pain or function with the medication, and the approval for 15 pills to allow an opportunity to demonstrate and document those things the requested service was not medically necessary.