

<b>Case Number:</b>	CM14-0008177		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	12/15/2011
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	12/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 62-year-old male who reported an injury on 12/15/2011 after he moved a heavy object. The injured worker reportedly sustained an injury to his low back and bilateral shoulders. The injured worker's treatment history included physical therapy, cognitive behavioral therapy, a TENS unit, and multiple medications. The injured worker was evaluated on 12/27/2013. It was documented that the patient's medications included Tramadol extended release, Omeprazole, Lidopro ointment, and Gabapentin 300 mg. Physical findings included a pain level of 7/10 that was reduced by 30% to 40% by pain medications. Physical findings included decreased sensation of the right lower extremity and right upper extremity with restricted range of motion of the bilateral shoulders. The injured worker's diagnoses included bilateral shoulder tendinosis, lumbar degenerative disc disease, cervical degenerative disc disease, myofascial pain, lumbar radiculopathy, and diabetes mellitus. The injured worker's treatment plan included a home exercise program, acupuncture, continued psychiatric support and a refill of medications. Prior appeal dated 01/02/2014 addressed the use of Tramadol and Lidopro; however, clinical information was provided from that denial.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 MONTH SUPPLY OF TRAMADOL:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, ON-GOING MANAGEMENT Page(s): 78.

**Decision rationale:** The request for 1 month supply of Tramadol is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends an ongoing use of opioids in the management of chronic pain be supported by documented functional benefit, evidence of pain relief, managed side effects, and evidence that the patient is monitored for aberrant behavior. The clinical documentation does indicate that the injured worker has been on this medication for an extended duration of time. However, the clinical documentation does not provide any evidence of functional benefit or that the patient is monitored for aberrant behavior. Therefore, continued use of this medication would not be supported. Furthermore, the request as submitted does not clearly identify a dosage or frequency of treatment. In the absence of this information the appropriateness of the request itself cannot be determined. As such, the request 1 month supply of Tramadol is not medically necessary or appropriate.

**1 MONTH SUPPLY OF CREAM:** 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 TOPICAL ANALGESICS Page(s): 111.

**Decision rationale:** The requested 1 month supply of cream is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not recommend topical analgesics as they are largely experimental and supported by very little scientific evidence. The request as it is submitted does not specifically identify the components of the requested medication. Therefore, the appropriate dose of the medication cannot be determined. Furthermore, the request does not include a frequency or duration of treatment. In the absence of this information the appropriateness of the request itself cannot be determined. As such, the requested 1 month supply of cream is not medically necessary or appropriate.

**1 MONTH SUPPLY OF GABAPENTIN:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTIEPILEPSY DRUGS (AEDS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MEDICATIONS FOR CHRONIC PAIN AND ANTI-EPILEPTICS Page(s): 60 AND 16.

**Decision rationale:** The request of 1 month supply of Gabapentin is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does recommend the use of anticonvulsants as a first line medication in the management of chronic pain. The clinical documentation does indicate that the patient has been on this medication for an extended duration of time. California Medical Treatment Utilization Schedule recommends that

medications used in management of chronic pain be supported by a documented functional benefit and evidence of pain relief. The clinical documentation does indicate that the injured worker has pain relief resulting from medication usage. However, specific functional benefit is not documented within the submitted documentation. Furthermore, the request as it is submitted does not clearly define a dosage or frequency of treatment. In the absence of this information the appropriateness of the request itself cannot be determined. As such, the requested 1 month supply of Gabapentin is not medically necessary or appropriate.