

<b>Case Number:</b>	CM14-0167223		
<b>Date Assigned:</b>	10/30/2014	<b>Date of Injury:</b>	06/12/2005
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	09/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2014

### 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 Family Practice, and is licensed to practice in California. 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:

58 yr. old female claimant sustained a work injury on 6/12/05 involving the neck shoulders, back and wrists. She was diagnosed with cervical and lumbar disc disease. She underwent a cervical discectomy and fusion as well as bilateral shoulder arthroscopies and a subacromial decompression of the left shoulder. A progress note on 8/14/14 indicated the claimant had neck and left arm pain. Advil was not helping her. Exam findings were notable for paraspinous cervical tenderness and reduced range of motion. Sensation was decreased in the C6 dermatome. She was given a Toradol injection, Naproxen 550 mg BID and Tramadol/APAP for pain along with Gabapentin for neuropathic pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Gabapentin 600mg 1 tid prn for pain #120 DOS: 8/14/14: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18.

**Decision rationale:** According to the MTUS guideline 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 this case, the claimant does not have the stated conditions approved for Gabapentin use. Gabapentin is not medically necessary.

**Retrospective Naproxen 1 q12H #100 DOS: 8/14/14:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

**Decision rationale:** According to the MTUS guidelines, NSAIDs such as Naproxen are recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. In this case, the claimant had been on numerous other medications including opioid. The use of Naproxen is not medically necessary.

**Retrospective Tramadol/APAP 37.5/325mg 1 q6-8 prn for pain #100 DOS: 8/14/14:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 92-93.

**Decision rationale:** Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Although it may be a good choice in those with back pain, the claimant had been on an NSAID and another opioid. He had been on the maximum dose. There was no documentation of Tylenol failure as 1st line treatment. The Tramadol/APAP is not medically necessary.