

Case Number:	CM14-0178479		
Date Assigned:	10/31/2014	Date of Injury:	06/30/2011
Decision Date:	12/08/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/28/2014

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 Preventative Medicine has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 36 year old employee with date of injury 6/30/11. Medical records indicate the patient is undergoing treatment for cervical spine herniated nucleus purposes of C4-5, C5-6, C6-7, thoracic sprain/strain with bulges a T9-10, T10-11 and bilateral shoulder sprain/strain. Subjective complaints include increased shoulder pain, moderate neck pain, moderate right shoulder pain and severe left shoulder pain, moderate low back pain and moderate right wrist and severe left wrist pain. Patient rates pain 0/4 in right shoulder and 2/4 left shoulder. Objective complaints include a MRI showing previous spinal fusion C5-6, cervical disc facet abnormalities, cervical spine herniated nucleus pulposus of C4-5, C5-6, C6-7, thoracic strain with 2mm bulges at T9-10, T10-11, bilateral shoulder strain with type III down sloping of the acromion with sprains in the acromioclavicular joints and impairment. MRI left shoulder shows joint infusion, arthrosis of acromioclavicular joint, extrinsic impingement on the traversing underlying supraspinatus, possible labral tear, partial supraspinatus tendon tear and bicipital tenosynovitis. Slight decrease range of motion of neck and shoulder although no pain. Treatment has consisted of post anterior cervical discectomy and fusion C5-6, weight restrictions, acupuncture treatments, pain management. Medications have included Tramadol, Prilosec, Maalox, Milk of Magnesium, Naproxen and Gabapentin. The utilization review determination was rendered on 10/10/14 recommending non-certification of Tramadol 150mg #30 and Gabapentin 300mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol, Ultram Page(s): 74-96, 113, 123. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) - Medications for acute pain (analgesics), Tramadol (Ultram®)

Decision rationale: Ultram is the brand name version of tramadol, which is classified as central acting synthetic opioids. MTUS states regarding tramadol that "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." ODG further states, "Tramadol is not recommended as a first-line oral analgesic because of its inferior efficacy to a combination of Hydrocodone/acetaminophen." The treating physician did not provide sufficient documentation that the patient has failed a trial of non-opioid analgesics at the time of prescription or in subsequent medical notes. Additionally, no documentation was provided which discussed the setting of goals for the use of Tramadol prior to the initiation of this medication. Additionally, the treating physician provided no evidence of functional improvement or significant pain relief from the medication. The original utilization review recommended weaning and modified the request, which is appropriate. As such, the request for Tramadol 150mg #30 is not medically necessary.

Gabapentin 300mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Anti-epilepsy drugs (AEDs) for pain, Gabapentin (Neurontin®)

Decision rationale: The MTUS considers Gabapentin as a first-line treatment for neuropathic pain and effective for the treatment of spinal cord injury, lumbar spinal stenosis, and post op pain. MTUS also recommends a trial of Gabapentin for complex regional pain syndrome. ODG states "Recommended Trial Period: One recommendation for an adequate trial with Gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. (Dworkin, 2003) The patient should be asked at each visit as to whether there has been a change in pain or function. Current consensus based treatment algorithms for diabetic neuropathy suggests that if inadequate control of pain is found, a switch to another first-line drug is recommended." Additionally, ODG states that Gabapentin "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". While the treating physician documents neuropathic type pain and radicular pain, the treating physician does not document a reduction in pain or

increased functionality from Gabapentin. The utilization reviewer recommended weaning of the medication. As such, the request for Gabapentin 300mg #60 is not medically necessary.