

<b>Case Number:</b>	CM14-0179165		
<b>Date Assigned:</b>	11/03/2014	<b>Date of Injury:</b>	10/07/2009
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Family Medicine 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:

This is a 60 years old male patient who sustained an injury on 10/7/2009. The current diagnoses include status post left shoulder surgery, cervical sprain and left elbow medial and lateral epicondylitis. He sustained the injury while he dropped a manhole cover on his right index finger. Per the doctor's note dated 10/27/14, he had complaints of left shoulder pain, neck pain and left elbow pain. Physical examination revealed left shoulder range of motion- flexion 145, extension 40, abduction 150, adduction 40, internal rotation 60 and external rotation 90 degrees, spasm and tenderness, positive cross arm and impingement test; left elbow- tenderness and positive Tinel's sign for tingling and numbness in 4th and 5th digit. The medication list includes neurontin, sonata, norco and ultram. He has had left shoulder MRI, left elbow MRI and EMG/NCS of the left arm; cervical spine X-ray which revealed straightening of the cervical spine with some anterolisthesis of C4 on C5. He has undergone left shoulder arthroscopic rotator cuff repair on 3/13/13, finger surgery x2, anal fissure surgery and prostate cancer surgery. He has had physical therapy visits for this injury. He has had a urine drug screen on 7/30/14 which was positive for hydrocodone and acetaminophen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram ER 150mg #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 93-94, 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Central acting analgesics, Opioids for neuropathic pain Page(s): 75, 82.

**Decision rationale:** Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines "Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and nor epinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. (Kumar, 2003)" Cited guidelines also state that, "A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain."Tramadol use is recommended for treatment of episodic exacerbations of severe pain. Patient had chronic left shoulder pain with neck and left elbow pain. He has history of left shoulder surgery. Therefore there is evidence of conditions that cause chronic pain with episodic exacerbations. The request for Ultram ER 150mg #30 is medically appropriate and necessary to use as prn during acute exacerbations.

**Neurontin 600mg #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 Gabapentin Page(s): 18.

**Decision rationale:** Gabapentin is an anti-epileptic drug. According to the CA MTUS Chronic pain guidelines "Gabapentin (Neurontin) 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." Per the cited guidelines, "CRPS: Recommended as a trial. (Serpell, 2002)".Per the records provided patient had chronic left shoulder, neck and left elbow pain. Gabapentin is recommended in neuropathic pain. Patient has had recent EMG/NCS in 9/2014. This EMG/NCS report is not specified in the records provided. Evidence of neuropathic pain is not specified in the records provided. Evidence of diabetic painful neuropathy and postherpetic neuralgia is not specified in the records provided. The medical necessity of Neurontin 600mg #120 is not fully established in this patient.