

<b>Case Number:</b>	CM14-0183473		
<b>Date Assigned:</b>	11/10/2014	<b>Date of Injury:</b>	04/12/2007
<b>Decision Date:</b>	12/18/2014	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2014

### 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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, low back, knee, hand, and thumb pain reportedly associated with an industrial injury of April 12, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; earlier knee arthroscopy; transfer of care to and from various providers in various specialties; opioid therapy; earlier hand surgery; earlier carpal tunnel release surgery; earlier knee surgery; and work restrictions. In a Utilization Review Report dated October 24, 2014, the claims administrator partially approved a request for Ultram, partially approved request for gabapentin, and approved a re-evaluation. The claims administration suggested that the request for Ultram and tramadol were being denied owing to lack of benefit with ongoing usage of the same. The applicant's attorney subsequently appealed. In an October 7, 2014 progress note, the applicant reported ongoing complaints of neck, back, and knee pain, 5-1/2 to 6-1/2/10. The applicant was "not working" it was acknowledged. The applicant was using tramadol and gabapentin. The attending provider stated that these medications were helping but did not elaborate or expound upon the same. The applicant was also using Voltaren gel, it was further noted. Multiple medications were refilled. The applicant was given a rather proscriptive 10-pound lifting limitation which was, in a fact, resulting in the applicant's removal from the workplace. It was suggested that the applicant was having difficulty performing gripping and grasping tasks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 RX: Ultram 50mg #90 with 2 refills between 10/7/2014 and 12/6/2014: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Specific Opioids, Tramadol (Ultram).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy, include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work. An extremely proscriptive 10-pound lifting limitation remains in place, effectively resulting in the applicant's removal from the workplace. The applicant was having difficulty performing activities of daily living as basic as gripping, grasping, and lifting. While the attending provider stated that the applicant's pain medications have been helpful, the attending provider failed to elaborate or expound upon the extent of the same and has, furthermore, failed to outline any specific activities which were ameliorated as a result of ongoing Ultram usage. There was no mention of any quantifiable decrements in pain achieved as result of ongoing Ultram usage, either. All of the foregoing, taken together, does not make a compelling case for continuation of the same. Therefore, the request was not medically necessary.

**1 RX: Gabapentin 600mg #90 with 3 refills between 10/7/2014 and 12/6/2014: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs AED, Gabapentin.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 19.

**Decision rationale:** As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants using Gabapentin should be asked "at each visit" as to whether there have been improvements in pain and/or function achieved as the result of the same. Here, however, the applicant is off of work. Ongoing usage of gabapentin has failed to curtail the applicant's dependence on opioid agents such as tramadol and/or topical agents such as Voltaren. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of gabapentin. Therefore, the request was not medically necessary.