

<b>Case Number:</b>	CM14-0032595		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	06/09/2008
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	02/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/14/2014

### 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 Anesthesiology, has a subspecialty in Pain 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 injured worker is a 52 year old female who sustained an injury on 06/09/08 due to cumulative trauma type injuries while at work. The injured worker developed complaints of pain in the cervical region and was provided epidural steroid injections as well as medications. The injured worker has had an extensive history of surgical intervention to include the left shoulder in September 2010 followed by anterior cervical discectomy and fusion in September 2011. The injured worker has also had bilateral carpal tunnel releases completed in 2012. Postoperative complications did include dysphagia. The injured worker has had multiple epidural steroid and trigger point injections following surgical intervention. As of 01/09/14, the injured worker continued to report chronic neck pain radiating to the upper extremities. The injured worker continued to demonstrate physical examination findings of decreased cervical range of motion with facet tenderness to palpation. There were positive impingement signs at the bilateral shoulders. Medications at this evaluation did include Neurontin utilized 3 times daily, Anaprox utilized twice daily and Ultram ER 150 mg twice daily for pain. Medications were recommended to be refilled at this visit. The injured worker did receive cervical facet joint blocks from C2 to C7 to the left side on 01/31/14. Follow up on 02/05/14 noted improvements with the injured worker's facet injections. Physical examination findings remained unchanged at this evaluation. Medications were again continued at this evaluation. The requested Neurontin 600 mg #90, Anaprox DS 550 mg #60 and Ultram ER 150 mg #60 were all denied by utilization review on 02/27/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurontin 600 mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Mens, 2005; Chou, 2006.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-22.

**Decision rationale:** In regards to the use of Neurontin 600 mg #90, this reviewer would not have recommended this medication as medically necessary based on review of the clinical documentation submitted as well as current evidence based guidelines. Neurontin is a first line recommended medication in the treatment of neuropathic pain. In this case, the injured worker is noted to have had a prior cervical fusion with ongoing complaints of chronic axial type low back pain. The injured worker did have recent facet injections completed in January 2014. The most recent evaluation from February 2014 did not identify any clear objective findings regarding an ongoing neuropathic condition that would reasonably require the continued use of neurontin. Therefore, this reviewer would not have recommended this request as medically necessary.

**Anaprox DS 550 mg #60:** 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): 67-68.

**Decision rationale:** In regards to the use of Anaprox DS 550mg quantity 60, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The chronic use of prescription NSAIDs is not recommended by current evidence based guidelines as there is limited evidence regarding their efficacy as compared to standard over-the-counter medications for pain such as Tylenol. Per guidelines, NSAIDs can be considered for the treatment of acute musculoskeletal pain secondary to injury or flare ups of chronic pain. There is no indication that the use of NSAIDs in this case was for recent exacerbations of the claimant's known chronic pain. As such, the injured worker could have reasonably transitioned to a over-the-counter medication for pain.

**Ultram ER 150 mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

**Decision rationale:** In regards to Ultram ER 150 mg #60, this reviewer would not have recommended this medication as medically necessary based on review of the clinical documentation submitted as well as current evidence based guidelines. The use of Ultram can be considered an option in the treatment of moderate to severe musculoskeletal complaints. The injured worker had been taking this medication in 2014 for continuing complaints of both neck and shoulder pain. Guidelines do recommend that there be ongoing assessments regarding functional benefit and pain reduction obtained with the use of analgesics such as Ultram. The clinical reports did not specifically identify any functional benefits or pain reduction obtained with the use of this medication which would have supported its ongoing use. The most recent improvement was obtained with recent facet joint injections. Therefore, this reviewer would not have recommended this medication as medically necessary.