

Case Number:	CM14-0071617		
Date Assigned:	06/27/2014	Date of Injury:	06/18/2013
Decision Date:	07/29/2014	UR Denial Date:	03/22/2014
Priority:	Standard	Application Received:	04/03/2014

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 claimant was injured on June 18, 2013. Ultracet and Neurontin are under review. On September 25, 2013, he saw [REDACTED] for right shoulder pain. He had numbness, tingling, and weakness in his right upper extremity. Ultracet was tried at the last visit and it helped 50%. He still had tingling down his right upper extremity. MRIs were pending. He was using ibuprofen, omeprazole, Ultracet, and cyclobenzaprine. A trial of gabapentin was started and he was advised to take ibuprofen and continue omeprazole. Therapy was ordered. He was also referred to a neuropsychologist because of head trauma and persistent symptoms. On October 9, 2013, he had ongoing right shoulder pain. His pain was worse. His medications were working well and he had no GI (gastrointestinal) distress with omeprazole. It was working well with the ibuprofen. He was still taking Neurontin and Ultracet. He reported neck pain radiating down both arms with bilateral shoulder pain worse on the right side and low back pain radiating down both legs which was worse on the left side. It was getting progressively worse since his injury. Physical therapy was recommended for the shoulder. A urine toxicology screen was also recommended. It is not clear what medications were prescribed. An MRI of the right shoulder was done on October 15, 2013. There was a partial tear involving the distal fibers of the infraspinatus tendon and trace fluid in the bursa on October 23, 2013. He stated that his medications were not approved and he was paying for them. He was to continue Ultracet and gabapentin along with tapering ibuprofen and he was to continue omeprazole. He stated on November 6, 2013 that his medications were working well. He stated that his medications reduce his pain by about half on November 20, 2013 and the pain was 7-8/10 without meds and 3-4/10 with medications. He received a shoulder injection. On June 4, 2014, he stated his pain with medications was 4/10 and without that it was 7/10. Quality of sleep was poor. He did not try the Rozerem yet but he was having difficulty sleeping since the end of May, 2014. He was on the same medications. The

medications had all been approved. They were continued. He was exercising daily. He was independent in his self-care. He stated the Ultracet decreases his flared pain from 8+/10 to 4/10 within 30 minutes and lasted three to four hours. He stated the gabapentin helped his nerve and radicular pain and sleep.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5/325mg #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol/Acetaminophen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ultram Page(s): 145.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state "tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic." There is no documentation of trials and failure of or intolerance to other more commonly used first line drugs including anti-inflammatory medications (he was also taking ibuprofen with no evidence of side effects or lack of effect) and anti-depressants that can also help with pain and trouble sleeping. Before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medication should show effects within one to three days. A record of pain and function with the medication should be recorded. (Mens 2005)" Additionally, the Chronic Pain Medical Treatment Guidelines states "relief of pain with the use of medications is generally temporary and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." It is not clear what additional benefit may be expected from the use of this combination medication that also contains the first line medication acetaminophen. The Chronic Pain Medical Treatment Guidelines state "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. " The specific objective or functional benefit that the claimant receives from the use of this combination medication has not been described. There is no documentation that the claimant is involved in an ongoing rehab program of exercise in combination with ongoing treatment. The request for Ultracet 37.5/325mg, 45 count, is not medically necessary or appropriate.

Neurontin 300mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Gabapentin (Neurontin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Gabapentin Page(s): 83.

Decision rationale: The history and documentation do not objectively support the request for the continued use of Neurontin 300 mg. The Chronic Pain Medical Treatment Guidelines state "Neurontin (gabapentin) is an anti-epilepsy drug (AEDs [anti-epileptic drugs] - also referred to as anti-convulsants), which 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." Before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medication should show effects within one to three days. A record of pain and function with the medication should be recorded. (Mens 2005)" Additionally, Chronic Pain Medical Treatment Guidelines state "relief of pain with the use of medications is generally temporary and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." In this case, there is little information about the claimant's objective findings demonstrating radiculopathy or supporting the presence of neuropathic pain. The specific objective or functional benefit that he receives from the use of this medication has not been described. There is no documentation that he is involved in an ongoing rehab program of exercise in combination with ongoing treatment. The request for Neurontin 300 mg, ninety count, is not medically necessary or appropriate.