

<b>Case Number:</b>	CM14-0111692		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	12/16/2013
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	06/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 44 year old male, who sustained an industrial injury on 12/16/13. He has reported bilateral hand pain and left knee pain working as a mover. The diagnoses have included carpal tunnel syndrome and bilateral hand pain. Treatment to date has included medications, splinting, and orthopedic consult. Currently, per physician progress note dated 5/27/14, the injured worker complains of bilateral hand pain, numbness and tingling. He states that the Gabapentin only made him sleepy and did not alleviate the pain. He is awaiting authorization for surgery. The electromyogram report of bilateral upper extremities dated 12/16/13 revealed carpal tunnel syndrome. The current medications included Ultracet and Neurontin. Physical exam revealed tenderness in the wrists bilaterally and decreased grasp. The work status was to continue working. On 6/24/14 Utilization Review non-certified a request for RETRO Ultracet 37.5/325mg (unspecified quantity) and RETRO Neurontin 600mg #90, noting the (MTUS) Medical Treatment Utilization Schedule chronic pain guidelines pages 18-19 were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETRO Ultracet 37.5/325mg (unspecified quantity): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18-19.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

**Decision rationale:** According to MTUS guidelines, Ultracet (Tramadol) is a central acting analgesic that may be used in chronic pain. Ultracet is a synthetic opioid affecting the central nervous system. It is not classified as a controlled substance by the DEA. It is not recommended as a first-line oral analgesic. There is no documentation of pain and functional improvement with the use of Ultracet. There is no documentation for recent urine drug screen to assess compliance. Therefore, the request retro for Ultracet 37.5/325mg is not medically necessary.

**RETRO Neurontin 600mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18-19.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49.

**Decision rationale:** According to MTUS, Neurontin has been shown to be effective for the treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered to be first line treatment for neuropathic pain. However, there is a limited research to support its use for foot pain. There is no documentation that the patient developed neuropathic pain and there is no clear rationale for using Neurontin. There is no objective documentation of pain and functional improvement with previous use of Neurontin. According to the progress report dated May 27, 2014, the patient stated that Gabapentin only made him sleepy and did not alleviate the pain. Based on the above, the request retro for Neurontin 600mg is not medically necessary.