

Case Number:	CM15-0000046		
Date Assigned:	01/09/2015	Date of Injury:	10/08/2010
Decision Date:	03/06/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	12/31/2014

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 47 year old female, who sustained a work injury on 10/8/2010. There was no mechanism of injury. Past medical history included hypertension and allergy to non-steroidal anti-inflammatory drugs (NSAIDs). She has reported symptoms of neck and right shoulder pain. There was tenderness along the trapezius and shoulder girdle bilaterally and tenderness along the triceps with a hematoma. The diagnoses have included discogenic cervical condition with radicular component down the upper extremities, impingement syndrome of the shoulder on the right status post decompression and labral repair, gastrointestinal irritation, depression, compensatory issue with her left shoulder, headaches, and blurred vision .MRI demonstrated disc disease at 2 levels C3-4 and C6-7, impingement syndrome of the shoulder, and ulnar nerve neuritis at the elbow. The IW had been seen by physiatry, psychiatry, and a spine specialist. Plan was for hinged elbow brace, right shoulder surgery, and arthroscopy. An injection was done prior and previous surgery with temporary benefits. Per the orthopedic physician's report from 12/19/14, medication prescription was given for Tramadol 150 mg. for pain, Gabapentin for neuropathic pain, and Xanax 0.5 mg for insomnia. On 8/12/14, Utilization Review non-certified medications to include: Xanax 0.5 mg. #82, Tramadol 150 mg. #120, and Gabepentin 600 mg. #90, noting the MTUS Chronic Pain Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75 of 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine section Weaning of medications section Page(s): 24, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence, and long-term use may actually increase anxiety. The injured worker has already been on this medication for over four weeks, and tapering is recommended when used for greater than two weeks. The requesting physician indicates that the injured worker was previously approved for Xanax 0.5 mg for weaning purposes, but there is no indication that the injured worker has been on a tapered dose. The request for Xanax 0.5mg #60 is determined to not be medically necessary.

Tramadol ER 150mg #60-#30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section Weaning of medications section Page(s): 74-95, 124.

Decision rationale: Tramadol is a central acting synthetic opioid that exhibits opioid activity with a mechanism of action that inhibits the reuptake of serotonin and norepinephrine with side effects similar to traditional opioids. The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The clinical reports do not indicate that the injured worker has significant pain reduction and objective functional improvement with the use of Tramadol. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. The requesting physician indicates that Tramadol ER 150 mg has been approved previously for weaning purposes. There is no indication from the records reviewed that the injured worker has had a tapered dose of Tramadol ER. The request for Tramadol ER 150mg #60-#30 is determined to not be medically necessary.

Gabapentin 600mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18 of 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs) section Page(s): 16-21.

Decision rationale: The MTUS Guidelines recommend the use of antiepilepsy drugs for neuropathic pain. Most randomized controlled trials for the use of antiepilepsy drugs for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy, with polyneuropathy being the most common example. There are few RCTs directed at central pain, and none for painful radiculopathy. A good response to the use of antiepilepsy drugs has been defined as a 50% reduction in pain and a moderate response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response to this magnitude may be the trigger for switching to a different first line agent, or combination therapy if treatment with a single drug fails. After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of antiepilepsy drugs depends on improved outcomes versus tolerability of adverse effects. Gabapentin 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. The medical reports do not indicate that the injured worker has had significant improvement with the use of gabapentin. The requesting physician explains that gabapentin was previously approved for weaning purposes. There is no indication that gabapentin dosing has been tapered. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. The request for Gabapentin 600mg #90 is determined to not be medically necessary.