

<b>Case Number:</b>	CM15-0001383		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	02/19/2009
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	12/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 50-year-old male who reported an injury on 02/19/2009. The mechanism of injury was not provided. Clinical note dated 12/11/2014 noted the injured worker had complaints of pain to the left shoulder and right elbow. He notes that pain is worse with walking, bending and lifting. Examination of the cervical spine revealed 4/5 strength in the left upper extremity, with 5/5 strength in the right upper extremity. There was intact sensation; however, it was slightly decreased over the left upper extremity compared to the right. There are +1 deep tendon reflexes noted to the left upper extremity, with 2+ deep tendon reflexes noted to the right. Tenderness was noted over the cervical paraspinals and facet joints. Cervical range of motion was decreased in all planes due to pain. Current medications included gabapentin, amitriptyline and hydrocodone/acetaminophen. The diagnoses were muscle atrophy of the upper extremity, pain in the joint upper arm, disturbance of skin sensation, chronic pain syndrome, myofascial pain, shoulder pain and lateral epicondylitis. The provider's treatment included continuation of Ultram 50 mg, gabapentin 100 mg and amitriptyline 10 mg. There was no rationale provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram 50mg Qty 120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

**Decision rationale:** The request for Ultram 50 mg with a quantity of 120 is not medically necessary. The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status; appropriate medication use and side effects should be evident. There was a lack of documentation of an objective assessment of the injured worker's pain level, functional status, appropriate medication use and side effects. An updated urine drug screen that was consistent for his medication regimen was not submitted for review. There is no evidence of a current signed pain contract. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established.

**Gabapentin 600mg Qty 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drug (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-epilepsy Drugs Page(s): 18.

**Decision rationale:** The request for gabapentin 600 mg with a quantity of 90 is not medically necessary. The California MTUS Guidelines state gabapentin has been shown to be effective for diabetic painful neuropathy and postherpetic neuralgia, and has been considered a first line treatment for both. After initiation of treatment there should be documentation of pain relief and improvement in function, as well as documentation side effects incurred with use. Continued use of an AED depends on improved outcomes versus tolerability and adverse effects. There was no information on treatment history and length of time the injured worker has been prescribed gabapentin. Additionally, the efficacy of the prior use of the medication was not provided. The provider's request does not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established.

**Amitriptyline 10mg Qty 30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Amitriptyline Page(s): 13.

**Decision rationale:** The request for amitriptyline 10 mg with a quantity of 30 is not medically necessary. The California MTUS states that amitriptyline is recommended. Amitriptyline is a tricyclic antidepressant and generally considered a first line agent, unless they were ineffective, poorly tolerated or contraindicated. There is, however, no indication of treatment history or length of time the injured worker had been prescribed the amitriptyline. Efficacy of the prior use of the medication was not provided for review to support continued use. Additionally, the provider's request did not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established.