

Case Number:	CM15-0103133		
Date Assigned:	06/05/2015	Date of Injury:	02/15/2012
Decision Date:	07/07/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/28/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 54 year old male, who sustained an industrial injury on 02/15/2012. He has reported subsequent left shoulder, neck and left upper extremity pain and was diagnosed with rotator cuff tendonitis/bursitis and left shoulder pain status post surgery. Treatment to date has included oral pain medication, TENS unit and surgery. In a progress note dated 04/29/2015, the injured worker complained of left shoulder and neck pain with numbness and pain radiating to the left upper extremity that was rated as 7/10, with the lowest rating as 4/10 and the highest rating as 8/10. Objective findings were notable for tenderness of the left shoulder over the acromioclavicular joint and rotator cuff anteriorly and decreased range of motion due to pain. A request for authorization of Gabapentin to take at night to address numbness and pain at night and Tramadol as needed for pain was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Gabapentin.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Gabapentin 300 mg #30 is not medically necessary. Gabapentin is recommended for some neuropathic pain conditions in fibromyalgia. Gabapentin is associated with a modest increase in the number of patients experiencing meaningful pain reduction. Gabapentin is an anti-epilepsy drug (AED). Gabapentin is considered a first-line treatment for neuropathic pain. In this case, the injured worker's working diagnosis is left shoulder pain status post surgery. Medical record contains 36 pages. Subjectively, according to an April 29, 2015 progress note, the injured worker complains of numbness and pain in the left upper extremity. The injured worker is status post shoulder surgery. The nature of the surgery is not designated in the medical record. The pain score is 7/10. There is no prior treatment history in the medical record. The injured worker had an EMG of the upper extremities that was normal. Objectively, there was tenderness to palpation over the AC joint with decreased range of motion of the left shoulder. The neurologic examination was unremarkable. Consequently, absent clinical documentation with neuropathic objective findings on physical examination and an EMG that was normal, gabapentin 300 mg #30 is not medically necessary.

Tramadol 50mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tramadol 50mg #60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnosis is left shoulder pain status post surgery. Medical record contains 36 pages. The injured worker underwent shoulder surgery on the left. The injured worker states the surgery did not provide any benefit or improvement. Pain scale remains elevated at 7/10. There were no detailed pain assessments of the medical record. There are no risk assessments in the medical record. There was no documentation demonstrating objective functional improvement. Consequently, absent clinical documentation with evidence of objective functional improvement and a persistently elevated pain scale (7/10), no risk assessments and no detailed pain assessments, Tramadol 50mg # 60 is not medically necessary.

