

<b>Case Number:</b>	CM15-0133357		
<b>Date Assigned:</b>	07/21/2015	<b>Date of Injury:</b>	12/21/2004
<b>Decision Date:</b>	08/17/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2015

### 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: Massachusetts

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 60-year-old female who sustained an industrial injury on 12/21/2014 resulting in neck, bilateral shoulder, wrist, ankle, and knee pain. She was diagnosed with cervical sprain; disc degeneration and displacement; right and left shoulder tenosynovitis; left wrist tenosynovitis; and, shoulder sprain. Documented treatment has included diagnostic testing and medication which provides some pain relief. The injured worker is complaining of nocturnal pain and cramping in her legs. The treating physician's plan of care includes Neurontin 300 mg, and Tramadol ER 100mg. She is presently not working.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurontin 300 mg Qty 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti epilepsy drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs), p16-18 Page(s): 16-18.

**Decision rationale:** The claimant sustained a work injury in December 2014 and continues to be treated for radiating neck and low back pain and bilateral shoulder, wrist, and knee pain. When seen, pain was rated at 5-9/10. The claimant's BMI was nearly 39. There was decreased range of motion. There was pain with cervical compression and Kemp's testing. There was pain with left straight leg raising. Right shoulder Supraspinatus and Apprehension tests caused pain. There was left knee pain with McMurray's Apley compression testing. Medications were refilled including Neurontin being prescribed at a daily dose of 900 mg per day. Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. When used for neuropathic pain, guidelines recommend a dose titration of greater than 1200 mg per day. In this case, the claimant's gabapentin dosing is less than that recommended or likely to be effective. Ongoing prescribing at this dose is not medically necessary.

**Tramadol ER (extended release) 100 mg Qty 45:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram); Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

**Decision rationale:** The claimant sustained a work injury in December 2014 and continues to be treated for radiating neck and low back pain and bilateral shoulder, wrist, and knee pain. When seen, pain was rated at 5-9/10. The claimant's BMI was nearly 39. There was decreased range of motion. There was pain with cervical compression and Kemp's testing. There was pain with left straight leg raising. Right shoulder Supraspinatus and Apprehension tests caused pain. There was left knee pain with McMurray's Apley compression testing. Medications were refilled including Neurontin being prescribed at a daily dose of 900 mg per day. Tramadol ER is a sustained release opioid used for treating baseline pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, increased level of function, or improved quality of life. Continued prescribing was not medically necessary.