

<b>Case Number:</b>	CM15-0144446		
<b>Date Assigned:</b>	08/05/2015	<b>Date of Injury:</b>	10/25/1998
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	06/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 60-year-old female who sustained an industrial injury on 10-25-1998. The injured worker was diagnosed with cervicobrachial syndrome, cervical sprain and strain with chronic neck pain, left shoulder impingement syndrome and bilateral osteoarthritis knees. The injured worker is status post arthroscopic subacromial decompression and distal clavicle resection in 2002, left knee surgery in 2003, arthroscopy with left knee lateral meniscectomy in 2010 and right knee arthroscopy (no date or procedure documented). Treatment to date has included diagnostic testing, surgery, extensive physical therapy sessions to multiple body parts, acupuncture therapy, and Supartz series injections to the left knee in April 2013, right knee Supartz series injections, wrist injections, home exercise program and medications. According to the primary treating physician's progress report on June 1, 2015, the injured worker continues to experience neck and bilateral knee pain. The injured worker rates her pain level at 9 out of 10 without medications. The injured worker reported she has been without medications for a month resulting in increased pain and numbness. The injured worker also reports headaches and joint stiffness. Examination of the cervical spine demonstrated decreased range of motion with tenderness to palpation and positive hypertonicity. Current medications are listed as Ultram, Relafen and Neurontin. The injured worker is Permanent & Stationary (P&S) and continues to work part time with full duties. Treatment plan consists of continuing medication regimen, home exercise program and the current request for Ultram, Relafen, and Neurontin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Relafen 500mg #60 frequency or number of refills specified, for neck pain, as an outpatient:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Nabumetone (Relafen, generic available) Page(s): 72-73.

**Decision rationale:** Relafen 500mg #60 frequency or number of refills specified, for neck pain, as an outpatient is not medically necessary. The MTUS states that Relafen use is off label for moderate pain. The documentation is not clear on why the patient requires Relafen over other NSAID medications that are not off label for pain. The request for Relafen is not medically necessary.

**Ultram 50mg #60 frequency or number of refills specified, for neck pain, as an outpatient:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

**Decision rationale:** Ultram 50mg #60 frequency or number of refills specified, for neck pain, as an outpatient is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted does not reveal the above pain assessment or clear monitoring of the "4A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors) such as an objective urine toxicology screen for review. The request for continued Ultram is not medically necessary.

**Neurontin 300mg #120 frequency or number of refills specified, for neck pain, as an outpatient:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-22.

**Decision rationale:** Neurontin 300mg #120 frequency or number of refills specified, for neck pain, as an outpatient is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that after initiation of antiepileptics such as Neurontin treatment for neuropathic pain there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The documentation indicates that the patient has been on Neurontin but the documentation does not reveal evidence of neuropathic pain. Therefore, the request for continued Neurontin is not medically necessary.