

Case Number:	CM15-0169365		
Date Assigned:	09/10/2015	Date of Injury:	08/11/2011
Decision Date:	10/13/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	08/27/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 56 year old male who sustained an industrial injury on 08-11-2011. The injured worker has a medical history of diabetes mellitus. The injured worker was diagnosed with discogenic lumbar condition with degenerative disc disease, discogenic cervical condition, impingement syndrome of the left shoulder, depression and chronic pain related weight gain. The injured worker is status post left shoulder arthroscopy, labral repair and distal clavicle resection in July 2012 and left shoulder arthroscopy with subacromial decompression, lysis of adhesions, manipulation, labral debridement and distal clavicle revision in November 2013. According to the primary treating physician's progress report on August 12, 2015, the injured worker continues to experience mild tenderness along the rotator cuff with abduction at approximately 110 degrees and weakness to resisted function. Internal rotation is noted at 70 degrees and external rotation at 50 degrees. Tenderness along the lumbar spine was documented with positive facet loading test. Overall the cervical area has done well with some discomfort at times. According to the review, the injured worker is able to do chores gingerly around the house like vacuuming and outdoor yard work avoiding lifting. Prior treatments documented to date have included diagnostic testing, surgery, physical therapy, chiropractic therapy, hot and cold wrap, back brace, cervical traction, cervical pillow, right C5, C6 and C7 cervical facet medial branch block performed on July 24, 2105 and medications consisting of Norco, Tramadol, Gabapentin, Celebrex and Aciphex. Bilateral upper and lower Electromyography (EMG) and Nerve Conduction Velocity (NCV) were noted by the provider as unremarkable. Current medications were listed as Norco, Neurontin, Tramadol ER, Voltaren, Effexor XR, Trazodone, Topamax, Norflex and Protonix. Treatment plan consists of possible cervical radiofrequency ablation, continuing with conservative measure

modalities, lumbar spine discogram and medication regime. The provider requested authorization for Tramadol Extended Release 150mg #30, Neurontin 600mg #90 and Voltaren 100mg #30. The Utilization Review determined the request for Voltaren 100mg #30 was not medically necessary and modified the request for Tramadol Extended Release 150mg #30 to Tramadol Extended Release 150mg #15 and Neurontin 600mg #90 to and Neurontin 600mg #45 on 08-24-2015 to allow for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol Extended Release 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The 56 year old patient complains of pain in neck, lower back, and left shoulder, as per progress report dated 08/12/15. The request is for TRAMADOL EXTENDED RELEASE 150mg #30. There is no RFA for this case, and the patient's date of injury is 08/11/11. Diagnoses included discogenic lumbar condition with degenerative changes at L4-5 and L5-S1, bilateral foraminal narrowing at L5-S1, cervical discogenic condition, left shoulder impingement syndrome, weight gain related to chronic pain, stress and sleep issues. The patient is status post left shoulder surgery in October, 2013. Requested medications included Norco, Neurontin, Tramadol, Voltaren, Protonix, Effexor, Norflex, Topamax, Trazodone and Maxalt. The patient is not working, as per the same progress report. MTUS, CRITERIA FOR USE OF OPIOIDS Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, CRITERIA FOR USE OF OPIOIDS Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, page 113 regarding Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. In this case, a prescription for Tramadol is first noted in progress report dated 05/27/15. Prior reports document the use of Norco. The patient also appears to be taking Ultracet. As per progress report dated 04/28/15, the patient takes medications to be functional. The treater, however, does not discuss efficacy of the medication. There is no documentation of change in pain scale that demonstrates reduction in pain nor does the treater provide specific examples that indicate improvement in the patient's ability to perform ADLs due to the use of this medication. No CURES and UDS reports are available for review. There is no discussion regarding side effects of Tramadol as well. MTUS requires a clear documentation regarding impact of Tramadol on 4As, including analgesia,

ADLs, adverse side effects, and aberrant behavior, for continued use. Hence, the request IS NOT medically necessary.

Voltaren 100mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

Decision rationale: The 56 year old patient complains of pain in neck, lower back, and left shoulder, as per progress report dated 08/12/15. The request is for VOLTAREN 100mg #30. There is no RFA for this case, and the patient's date of injury is 08/11/11. Diagnoses included discogenic lumbar condition with degenerative changes at L4-5 and L5-S1, bilateral foraminal narrowing at L5-S1, cervical discogenic condition, left shoulder impingement syndrome, weight gain related to chronic pain, stress and sleep issues. The patient is status post left shoulder surgery in October, 2013. Requested medications included Norco, Neurontin, Tramadol, Voltaren, Protonix, Effexor, Norflex, Topamax, Trazodone and Maxalt. The patient is not working, as per the same progress report. MTUS Chronic Pain Medical Treatment Guidelines 2009, pg 22 Anti-inflammatory medications section states: "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." MTUS pg60 under Medications for chronic pain also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In this case, Voltaren is only noted in progress report dated 08/12/15. Prior progress reports document the use of Naproxen. The treater does not explain the reason for the switch. As per progress report dated 04/28/15, the patient takes medications to be functional. The treater, however, does not document the efficacy of the NSAID on the patient's pain and function, as required by MTUS page 60, given the lack of relevant documentation, the request for Voltaren IS NOT medically necessary.

Neurontin 600mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: The 56 year old patient complains of pain in neck, lower back, and left shoulder, as per progress report dated 08/12/15. The request is for NEURONTIN 600mg #90. There is no RFA for this case, and the patient's date of injury is 08/11/11. Diagnoses included discogenic lumbar condition with degenerative changes at L4-5 and L5-S1, bilateral foraminal narrowing at L5-S1, cervical discogenic condition, left shoulder impingement syndrome, weight gain related to chronic pain, stress and sleep issues. The patient is status post left shoulder surgery in October, 2013. Requested medications included Norco, Neurontin, Tramadol, Voltaren, Protonix, Effexor, Norflex, Topamax, Trazodone and Maxalt. The patient is not

working, as per the same progress report. MTUS Chronic Pain Medical Treatment Guidelines 2009, pg 18, 19, Specific Anti-epilepsy Drugs section states: "Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and post-therapeutic neuralgia and has been considered as a first-line treatment for neuropathic pain." In this case, a prescription for Neurontin is first noted in progress report dated 03/19/15. It is not clear when this medication was initiated. The treater states that the medication is for neuropathic pain. As per progress report dated 04/28/15, the patient takes medications to be functional. However, there is no documentation of efficacy of Gabapentin and its impact on the patient's pain and function, as required by MTUS page 60 for all pain medications. Hence, the request IS NOT medically necessary.