

Case Number:	CM15-0182477		
Date Assigned:	09/23/2015	Date of Injury:	07/16/2008
Decision Date:	11/18/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/16/2015

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: Preventive Medicine, Occupational 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 female, who sustained an industrial injury on 7-16-2008. A review of the medical records indicates that the injured worker is undergoing treatment for cervical sprain, right shoulder impingement syndrome, and carpal tunnel syndrome. On 8-11-2015, the injured worker reported bilateral upper extremity pain and neck pain with pain radiating to the bilateral shoulders. The injured worker rated her current pain level as 9 out of 10, with medications 3 out of 10, and without medications 10 out of 10. The Secondary Treating Physician's report dated 8-11-2015, noted the injured worker reported resting and pain medications alleviated pain, with the current medications Butrans, Gabapentin, Norco, and Tramadol that gave 70% pain relief. The injured worker denied side effects from medications. The injured worker was noted to be status post right knee arthroscopic surgery on March 12, 2015, for non-industrial injury. The objective evaluation was noted to show decreased right hand grip strength, allodynia to light touch right bilateral thumb, moderate palpable spasms bilateral cervical paraspinal muscles with positive twitch response right greater than left, pain with cervical spine flexion and extension, tenderness to palpation of the bilateral lateral epicondyles, right shoulder moderate to severe pain in the right AC joint, positive apprehension test of the right shoulder, and decreased right shoulder range of motion (ROM) due to pain. The injured worker was noted to show functional improvement including returning to work. The treatment plan was noted to include Norco, Tramadol, Gabapentin, and Butrans, all noted to have been prescribed since at least November 3, 2014, and a urine drug screen (UDS). The injured worker was noted to have a signed narcotic agreement on file, with no aberrant drug seeking behavior exhibited. On July 14, 2015, the injured worker rated her pain as 8-9 out

of 10 without medications, and with medications a 3-4 out of 10, with medications providing 60% relief. The request for authorization dated 8-13-2015, requested 180 Tabs Tramadol 50 MG, 60 Tabs Gabapentin 600 MG, 120 Tabs Norco 10/325 MG, and 4 Patches Butrans 20 MCG. The Utilization Review (UR) dated 8-20-2015, non-certified the requests for 180 Tabs Tramadol 50 MG, 60 Tabs Gabapentin 600 MG, 120 Tabs Norco 10/325 MG, and 4 Patches Butrans 20 MCG.

IMR ISSUES, DECISIONS AND RATIONALES

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

180 Tabs Tramadol 50 MG: 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): Opioids for chronic pain.

Decision rationale: The medical records do not indicate the need for medications other than first line mediation. There is no mention of failure of first-line analgesics. MTUS guidelines do not support use of Tramadol unless other treatments have not been effective or not tolerated. This patient reported significant functional relief with the use of her first-line analgesics. 180 Tabs Tramadol 50 MG is not medically necessary.

60 Tabs Gabapentin 600 MG: Overturned

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 MTUS states that gabapentin is an anti-epilepsy drug which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. An adequate trial period for gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. With each office visit the patient should be asked if there has been a change in the patient's pain symptoms, with the recommended change being at least 30%. There is documentation of functional improvement. I am reversing the previous utilization review decision. 60 Tabs Gabapentin 600 MG is medically necessary.

120 Tabs Norco 10/325 MG: Overturned

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): Opioids for chronic pain.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. The MTUS states that opioids may be continued, (a) If the patient has returned to work, or (b) If the patient has improved functioning and pain. The patient fits both of these criteria. I am reversing the previous utilization review decision. 120 Tabs Norco 10/325 MG is medically necessary.

4 Patches Butrans 20 MCG: Overturned

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): Opioids for chronic pain.

Decision rationale: Butrans is indicated for the management of pain severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate. The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. This patient reported 70% functional improvement with the use of this medication. Patient has returned to work. I am reversing the previous utilization review decision. 4 Patches Butrans 20 MCG is medically necessary.