

Case Number:	CM15-0188118		
Date Assigned:	09/30/2015	Date of Injury:	01/21/2012
Decision Date:	11/09/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	09/24/2015

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: 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 63 year old female who sustained an industrial injury on 1-12-12. The medical records indicate that the injured worker is being treated for cervical disc herniation; shoulder, partial rotator cuff tear. She currently (9-9-15) complains of persistent spasms of the neck, loss of range of motion in all planes (all notes are hand written and difficult to decipher). She has difficulty sleeping. The notes indicate that she has complained of spasms from 1-6-15 through 9-9-15. The duration of the requested medications or if they were new prescriptions was not present. Pain levels were not present. Treatments to date include home exercise program. The request for authorization dated 9-9-15 was for tramadol 50mg #75; gabapentin 300mg #60. On 9-18-15 Utilization review non-certified the requests for tramadol 50mg #75 with 2 refills and modified to no refills; gabapentin 300mg #60 with 2 refills, modified to no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #75 with 2 refills: 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, criteria for use, Opioids, long-term assessment.

Decision rationale: The claimant sustained a work injury in January 2012 and continues to be treated for neck pain with upper extremity radiating symptoms. In May 2015, Norco and tramadol were being prescribed. In September 2015 she was having persistent neck spasms with decreased range of motion. She was having left shoulder pain with overhead activities. Physical examination findings included cervical spine spasms with decreased range of motion. Speeds and Yergason testing was positive with equivocal subluxation of the biceps tendon with rotation. Tramadol was prescribed at a total MED (morphine equivalent dose) of 25 mg per day and Gabapentin was prescribed at 600 mg per day with 2 refills. Tramadol is an immediate release short acting medication often used for intermittent or breakthrough 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 currently providing decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. Continued prescribing is not medically necessary.

Gabapentin 300mg #60 with 2 refills: 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 claimant sustained a work injury in January 2012 and continues to be treated for neck pain with upper extremity radiating symptoms. In May 2015, Norco and tramadol were being prescribed. In September 2015, she was having persistent neck spasms with decreased range of motion. She was having left shoulder pain with overhead activities. Physical examination findings included cervical spine spasms with decreased range of motion. Speeds and Yergason testing was positive with equivocal subluxation of the biceps tendon with rotation. Tramadol was prescribed at a total MED (morphine equivalent dose) of 25 mg per day and Gabapentin was prescribed at 600 mg per day with 2 refills. 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 at least 1200 mg per day. After initiation of treatment, there should be documentation of pain relief and improvement in function. In this case, the claimant's gabapentin dosing is less than that recommended without documented efficacy of this medication at the current dose and no planned titration is referenced. A three-month supply of medication at this dose is being provided. The request is not medically necessary.