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| Case Number: | CM15-0210993 | | |
| Date Assigned: | 10/29/2015 | Date of Injury: | 01/07/2015 |
| Decision Date: | 12/18/2015 | UR Denial Date: | 10/12/2015 |
| Priority: | Standard | Application Received: | 10/26/2015 |

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: Texas, California

Certification(s)/Specialty: Family Practice

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 58 year old female, who sustained an industrial injury on January 7, 2015, incurring cervical neck injuries. A cervical Magnetic Resonance Imaging on 4/10/15 revealed cervical stenosis, and multilevel cervical and upper thoracic spondylosis and MRI of the right shoulder on 8/5/15 that revealed right rotator cuff partial tear, and rotator cuff tendinopathy. She was diagnosed with cervical disc disease, cervical herniation, cervical radiculopathy, cervical canal stenosis, right rotator cuff partial tear, and rotator cuff tendinopathy. Treatment included neuropathic medications, pain medications, muscle relaxants, acupuncture, and activity restrictions. Acupuncture helped relieve her pain and improved her range of motion. Currently, 9/23/15 the injured worker complained of persistent neck pain radiating into the bilateral shoulders and down the right arm. She rated her neck pain 5 out of 10 on a pain scale from 1 to 10. She noted frequent headaches. Her pain was aggravated by sitting and reaching above her shoulders. Physical examination of the cervical spine revealed tenderness on palpation, muscle spasm, positive Spurling test and limited range of motion. The patient sustained the injury due to picking up charts from cane store. The medication list include Atenolol, Lisinopril, Gabapentin, Ultram and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300 MG 2 Caps at Bedtime #60 with 2 Refills: Overturned

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

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

Decision rationale: Request: Gabapentin 300 MG 2 Caps at Bedtime #60 with 2 Refills. According to the CA MTUS Chronic pain guidelines regarding Neurontin/ gabapentin, "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. Spinal cord injury: Recommended as a trial for chronic neuropathic pain. Lumbar spinal stenosis: Recommended as a trial, with statistically significant improvement found in walking distance, pain with movement, and sensory deficit. This medication appears to be effective in reducing abnormal hypersensitivity (allodynia and hyperalgesia), to have anti-anxiety effects, and may be beneficial as a sleep aid." A cervical Magnetic Resonance Imaging on 4/10/15 revealed cervical stenosis, and multilevel cervical and upper thoracic spondylosis. She was diagnosed with cervical disc disease, cervical herniation, cervical radiculopathy, cervical canal stenosis, right rotator cuff partial tear, and rotator cuff tendinopathy. Currently, 9/23/15 the injured worker complained of persistent neck pain radiating into the bilateral shoulders and down the right arm. Physical examination of the cervical spine revealed tenderness on palpation, muscle spasm, positive Spurling test and limited range of motion. The patient has chronic pain with a neuropathic component. The patient has abnormal objective findings that are consistent with the patient symptoms. Anticonvulsants or antiepileptic like gabapentin / Neurontin are medically appropriate and necessary in this patient. The cited guidelines support the use of Gabapentin 300 MG 2 Caps at Bedtime #60 with 2 Refills in patients with this clinical situation therefore the request is medically necessary.

Flexeril 10 MG 1 Tab at Bedtime #30 with 2 Refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

Decision rationale: Flexeril 10 MG 1 Tab at Bedtime #30 with 2 Refills. According to CA MTUS guidelines cited, "Recommended as an option, using a short course of therapy". A cervical Magnetic Resonance Imaging on 4/10/15 revealed cervical stenosis, and multilevel cervical and upper thoracic spondylosis and MRI of the right shoulder on 8/5/15 that revealed right rotator cuff partial tear, and rotator cuff tendinopathy. She was diagnosed with cervical disc disease, cervical herniation, cervical radiculopathy, cervical canal stenosis, right rotator cuff partial tear, and rotator cuff tendinopathy. Currently, 9/23/15 the injured worker complained of persistent neck pain radiating into the bilateral shoulders and down the right arm. Physical examination of the cervical spine revealed tenderness on palpation, muscle spasm, positive

Spurling test and limited range of motion. The patient has evidence of muscle spasms on objective examination. The patient also has chronic conditions with abnormal objective findings. These conditions are prone to intermittent exacerbations. Therefore, the request for Flexeril 10 MG 1 Tab at Bedtime #30 with 2 refills is medically necessary and appropriate for prn use during exacerbations.

Tramadol 50 MG 1 Tab Every 12 Hours for a Total of 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

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

Decision rationale: Tramadol 50 MG 1 Tab Every 12 Hours for a Total of 60. Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines "Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. (Kumar, 2003)" Cited guidelines also state that, "A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain." Tramadol can be used for chronic pain and for treatment of episodic exacerbations of severe pain. A cervical Magnetic Resonance Imaging on 4/10/15 revealed cervical stenosis, and multilevel cervical and upper thoracic spondylosis and MRI of the right shoulder on 8/5/15 that revealed right rotator cuff partial tear, and rotator cuff tendinopathy. She was diagnosed with cervical disc disease, cervical herniation, cervical radiculopathy, cervical canal stenosis, right rotator cuff partial tear, and rotator cuff tendinopathy. Currently, 9/23/15 the injured worker complained of persistent neck pain radiating into the bilateral shoulders and down the right arm. Physical examination of the cervical spine revealed tenderness on palpation, muscle spasm, positive Spurling test and limited range of motion. The patient is not taking any potent narcotics and there is no evidence of any medication abuse. The patient has chronic pain and the patient's medical condition can have intermittent exacerbations. Having tramadol available for use during sudden unexpected exacerbations of pain is medically appropriate and necessary. This request for Tramadol 50 MG 1 Tab Every 12 Hours for a total of 60 is medically appropriate and necessary.