

<b>Case Number:</b>	CM15-0213552		
<b>Date Assigned:</b>	11/03/2015	<b>Date of Injury:</b>	05/06/2010
<b>Decision Date:</b>	12/15/2015	<b>UR Denial Date:</b>	10/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2015

### 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:

This is a 60 year old male who sustained an industrial injury on 5-6-2010. A review of the medical records indicates that the injured worker is undergoing treatment for shoulder joint pain, cervicgia-neck pain and lumbar sprain-strain. On 9-10-2015, the injured worker reported increased left shoulder pain rated 6-7 out of 10 with radiation to the neck and increased low back pain due to activity. According to the progress report dated 10-13-2015, the injured worker complained of improving left shoulder pain rated 6 out of 10. Neck pain was the same at 6 out of 10. He also complained of low back pain. Per the treating physician (10-13-2015), the injured worker was to remain off work. Objective findings (10-13-2015) revealed well healed surgical incisions left shoulder and intact sensation L4-T1 and L2-S1. Treatment has included physical therapy, home exercise program, transcutaneous electrical nerve stimulation (TENS) and medications. The injured worker has been prescribed Tramadol and Gabapentin since at least 4-2015. The treatment plan (10-13-2015) was for Tramadol, Naproxen, Gabapentin and 6 chiropractic visits. The request for authorization was dated 10-13-2015. The original Utilization Review (UR) (10-26-2015) modified a request for Tramadol from #60 to #48. UR denied requests for 6 chiropractic sessions and Gabapentin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **1 prescription of Tramadol 50mg #60: Upheld**

**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, criteria for use, Opioids for chronic pain, Opioids, long-term assessment.

**Decision rationale:** The claimant sustained a work injury in May 2010 when, while working as a laborer, he was handling a power saw and he stepped into a ditch and fell. He subsequently developed neck, low back, and shoulder pain. He had shoulder surgery in September 2012. In May and June 2014, he had six acupuncture treatments. Physical therapy was provided in 2015 with completion of at least nine treatment sessions as of 08/24/15. Chiropractic treatments were provided beginning on 09/18/15 with 6 sessions planned for a flare-up of symptoms. When seen by the requesting provider in October 2015, he had pain rated at 6/10. Shoulder range of motion was improving. Physical examination findings included normal upper and lower extremity strength and sensation. There was a well-healed left shoulder surgical incision. Authorization was requested for tramadol, naproxen, and gabapentin and for 6 chiropractic treatments. The gabapentin dosing was 300 mg three times per day. Tramadol is an immediate release short acting medication 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.

## **6 chiropractic sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

**Decision rationale:** The claimant sustained a work injury in May 2010 when, while working as a laborer, he was handling a power saw and he stepped into a ditch and fell. He subsequently developed neck, low back, and shoulder pain. He had shoulder surgery in September 2012. In May and June 2014, he had six acupuncture treatments. Physical therapy was provided in 2015 with completion of at least nine treatment sessions as of 08/24/15. Chiropractic treatments were provided beginning on 09/18/15 with 6 sessions planned for a flare-up of symptoms. When seen by the requesting provider in October 2015, he had pain rated at 6/10. Shoulder range of motion was improving. Physical examination findings included normal upper and lower extremity strength and sensation. There was a well-healed left shoulder surgical incision. Authorization was requested for tramadol, naproxen, and gabapentin and for 6 chiropractic treatments. The gabapentin dosing was 300 mg three times per day. Chiropractic care is recommended as an option in the treatment of chronic pain. Guidelines recommend a trial of 6 visits over two weeks

with further treatment considered if there is objective evidence of functional improvement and with a total of up to 18 visits over 6-8 weeks. In this case, the claimant has had recent chiropractic care without evidence of functional improvement. Additional chiropractic treatment is not medically necessary.

**1 prescription of Gabapentin 300mg #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 claimant sustained a work injury in May 2010 when, while working as a laborer, he was handling a power saw and he stepped into a ditch and fell. He subsequently developed neck, low back, and shoulder pain. He had shoulder surgery in September 2012. In May and June 2014, he had six acupuncture treatments. Physical therapy was provided in 2015 with completion of at least nine treatment sessions as of 08/24/15. Chiropractic treatments were provided beginning on 09/18/15 with 6 sessions planned for a flare-up of symptoms. When seen by the requesting provider in October 2015, he had pain rated at 6/10. Shoulder range of motion was improving. Physical examination findings included normal upper and lower extremity strength and sensation. There was a well-healed left shoulder surgical incision. Authorization was requested for tramadol, naproxen, and gabapentin and for 6 chiropractic treatments. The gabapentin dosing was 300 mg three times per day. 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 titration was being planned. Ongoing prescribing at this dose is not medically necessary.