

<b>Case Number:</b>	CM15-0213588		
<b>Date Assigned:</b>	11/03/2015	<b>Date of Injury:</b>	09/22/2004
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	10/19/2015
<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: Texas, New York, 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 applicant is a represented 56-year-old who has filed a claim for chronic low back, wrist, arm, and shoulder pain reportedly associated with an industrial injury of September 22, 2004. In a Utilization Review report dated October 19, 2015, the claims administrator failed to approve requests for tramadol, gabapentin, and naproxen. The claims administrator referenced a September 24, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said September 24, 2015 office visit, tramadol, naproxen, and Neurontin were prescribed. Permanent work restrictions imposed by an Agreed Medical Evaluator (AME) were renewed. 6-7/10 complaints of neck, back, shoulder, and wrist pain with associated paresthesias were reported. It was not clearly stated whether the applicant was or was not working with said permanent limitations in place, although this did not appear to be the case. The request for tramadol and naproxen were framed as a renewal request, while the request for gabapentin was framed as a first-time request. On June 24, 2015, tramadol and naproxen were renewed, without much discussion of medication efficacy. 7-9/10, progressively worsening neck pain complaints was reported. The applicant was receiving Social Security Disability Insurance (SSDI), the treating provider acknowledged toward the top of the note, noting that the applicant had not worked since 2012.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg, #28: 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.

**Decision rationale:** No, the request for tramadol, a synthetic opioid, was not medically necessary, medically appropriate, or indicated here. The request for tramadol on September 24, 2015 represented a renewal request for the same. The applicant had previously been given tramadol on an earlier note dated June 24, 2015. Page 80 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was not working, the treating provider noted on June 24, 2015 with permanent limitations in place. The applicant was receiving Social Security Disability Insurance (SSDI) benefits, the treating provider acknowledged on that date. Permanent work restrictions were renewed on September 24, 2015, seemingly unchanged from prior visits, effectively resulting in the applicant's removal from the workplace. The treating provider failed to identify quantifiable decrements in pain or meaningful, material improvements in function (if any) effected as a result of ongoing tramadol usage. Therefore, the request was not medically necessary.

**Naproxen 550mg, #60 with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Anti-inflammatory medications.

**Decision rationale:** Similarly, the request for naproxen, an anti-inflammatory medication, was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as naproxen do represent the traditional first-line of treatment for various chronic pain conditions, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider incorporate some discussion of efficacy of medication into his choice of recommendations. Here, however, permanent work restrictions were renewed on September 24, 2015, unchanged from prior visits. Ongoing usage of naproxen failed to curtail the applicant's dependence on opioid agents such as tramadol, the treating provider acknowledged. Activities of daily living as basic as pushing, pulling, and lifting remained problematic, the treating provider reported on September 24, 2015. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS

9792.20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.

**Gabapentin 600mg, #90 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:** Finally, the request for gabapentin, an anticonvulsant adjuvant medication, was medically necessary, medically appropriate, and indicated here. Unlike the other medications, the request for gabapentin was framed as a first-time request for the same, the treating provider reported on September 24, 2015. Page 49 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that gabapentin is deemed a first-line treatment for neuropathic pain, as was present here in the form of the applicant's ongoing cervical radicular complaints. Introduction of gabapentin was, thus, indicated on or around the date in question. Therefore, the request was medically necessary.