

<b>Case Number:</b>	CM15-0044152		
<b>Date Assigned:</b>	03/16/2015	<b>Date of Injury:</b>	10/27/1995
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	03/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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: Arizona, 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 65 year old male, who sustained an industrial injury on October 27, 1995. He has reported left shoulder pain and neck pain. Diagnoses have included reflexive sympathetic dystrophy of the upper limb and myalgia/myositis. Treatment to date has included medications and aqua therapy. On 12/30/14, the claimant was noted not to receive Nucyunta at which time the pain was not controlled on Tramadol. On 2/3/15, the claimant's pain was worse, and the physician continued the Tramadol and Gabapentin. A progress note dated February 3, 2015 indicates a chief complaint of increased left shoulder pain due to not having pain medications. The treating physician documented a plan of care that included medications (Tramadol, Gabapentin) and follow up in three months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 300mg #150 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18.

**Decision rationale:** According to the MTUS guidelines: Gabapentin (Neurontin) 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. Neurontin is also indicated for a trial period for CRPS, lumbar radiculopathy, Fibromyalgia and Spinal cord injury. In this case, the claimant does not have the stated conditions approved for Gabapentin use. Furthermore, the treatment duration was longer than recommended and the pain was not adequately controlled while on Gabapentin. Continued use of Gabapentin is not medically necessary.

**Tramadol unknown dose #120 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram; Ultram ER; generic available in immediate release tablet).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 92-93.

**Decision rationale:** Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. In this case, the claimant had been on opioids for over a year (prior Nucynta use). For the past several months, the claimant had been getting Nucynta along with Tramadol. Pain scores were not documented and there was only mention of no change in pain. On 12/30/14, the claimant was noted not to receive Nucynta at which time the pain was not controlled on Tramadol. On 2/3/15, the claimant's pain was worse, and the physician continued the Tramadol and Gabapentin. The claimant's pain was not adequately controlled on Tramadol and the claimant had been on Tramadol for several months. Continued use is not medically necessary.