

Case Number:	CM15-0057944		
Date Assigned:	04/02/2015	Date of Injury:	03/17/2011
Decision Date:	05/04/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	03/26/2015

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: Indiana

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 injured worker is a 55 year old male, who sustained an industrial injury on March 17, 2011. He reported neck, left upper back, left shoulder, and left elbow injuries. The injured worker was diagnosed as having left shoulder tenosynovitis and status post left shoulder surgery in 2013. Treatment to date has included MRIs, x-rays, electrodiagnostic studies, physical therapy, chiropractic therapy, cervical epidural steroid injection, urine drug screening, extracorporeal shock wave therapy, and medications including pain, muscle relaxant, and anti-epilepsy. On March 9, 2015, the injured worker complains of aching left shoulder pain, status post surgery in January 2014. He is unable to extend overhead work with the left shoulder pushing or pulling due to pain. Associated symptoms include burning sensations and tightness, and radiation into the left elbow, forearm, hand, fingers, trapezius muscles, neck, shoulder blade, and upper arm. He has left posterior neck dull and aching pain radiating to the left forearm, hand, fingers, shoulder, and shoulder blade. He has a burning pain of the left side of the head, upper back and mid back with stiffness and tightness and loss of balance 3 times in the past week. His left upper back pain is achy, dull and sharp. His medications help the pain. The physical exam revealed decreased cervical and left shoulder range of motion with pain. There was tenderness of the right cervical region, cervical spinous process tenderness at cervical 3-cervical 7, hypertonicity in the bilateral cervical region, and myofascial trigger points in the bilateral trapezius. There was tenderness to palpation of the supraspinatus of the left shoulder, 4 portal scars, acromioclavicular joint tenderness, and positive left Neer's, O'Brien, and Speeds testing. The thoracic spine has

tenderness of the spinous processes at thoracic 8-thoracic 10. The treatment plan includes refilling his current pain and anti-epilepsy medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 600mg #60 for weaning: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Anti-epilepsy drugs (AEDs) for pain, Gabapentin (Neurontin®).

Decision rationale: The MTUS considers Gabapentin as a first-line treatment for neuropathic pain and effective for the treatment of spinal cord injury, lumbar spinal stenosis, and post op pain. MTUS also recommends a trial of Gabapentin for complex regional pain syndrome. ODG states "Recommended Trial Period: One recommendation for an adequate trial with Gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. (Dworkin, 2003) The patient should be asked at each visit as to whether there has been a change in pain or function. Current consensus based treatment algorithms for diabetic neuropathy suggests that if inadequate control of pain is found, a switch to another first-line drug is recommended." Additionally, ODG states that 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. Based on the clinical documentation provided, there is no evidence of neuropathic type pain or radicular pain on exam or subjectively. As such, without any evidence of neuropathic type pain, the medication is not medically necessary.

Ultram 50mg #60 for weaning: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 74-123. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) - Medications for acute pain (analgesics), Tramadol (Ultram®).

Decision rationale: Ultram is the brand name version of tramadol, which is classified as central acting synthetic opioids. MTUS states regarding tramadol that "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." ODG further states, "Tramadol is not recommended as a first-line oral analgesic because of its inferior efficacy to a combination of Hydrocodone / acetaminophen." The treating physician did not provide sufficient documentation that the patient

has failed a trial of non-opioid analgesics at the time of prescription or in subsequent medical notes. Additionally, no documentation was provided which discussed the setting of goals for the use of tramadol prior to the initiation of this medication. As such, the request is not medically necessary.