

Case Number:	CM15-0061053		
Date Assigned:	04/07/2015	Date of Injury:	08/02/2000
Decision Date:	05/06/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	03/31/2015

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: 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 injured worker is a 64 year old male truck driver, who sustained an industrial injury on 8/2/2000. He reported neck and bilateral shoulder injuries. The injured worker was diagnosed as having left cervicalgia, spondylosis, facet syndrome and post arthroscopic shoulder surgeries. Treatment to date has included oral medications, arthroscopic surgeries of shoulders and activity restrictions. At his evaluation on 20 Mar 2015 the injured worker complained of sharp left lateral neck and bilateral shoulder pain. It was noted medications helped to relieve pain and provided improved function and patient stated the Tramadol is working well. Physical exam noted tenderness over lateral aspect of neck and superior aspect of shoulder. The treatment plan consisted of refilling Tramadol and Gabapentin with decreased dosage of Gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300 mg, ninety count: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs; Gabapentin; Topical Analgesics Page(s): 16-9, 49, 113.

Decision rationale: Gabapentin (Neurontin) is classified as an anticonvulsant (anti-epilepsy) drug used to treat epilepsy, migraines, bipolar disorder and the management of alcohol dependence. It is also recommended as a first line treatment for neuropathic pain although the literature to support its use comes mostly from studies of post-herpetic neuralgia and diabetic poly-neuropathy. A response to antiepileptic medication in controlling pain in patients with neuropathic pain has been defined as a 30-50% reduction in pain. In fact, antiepileptic drugs are considered a first-line medication in the treatment of chronic neuropathic pain. Studies looking at the efficacy of gabapentin for neuropathic pain suggests when used with opioids, patients use lower doses of medications and had better analgesia. Of note, the MTUS recommends if this medication is to be changed or stopped it be weaned in order to avoid precipitating a seizure (based on studies with epileptic patients). This patient has neuropathic pain and the provider's notes comment on the effectiveness of the patient's medications for controlling pain and improving function. Its efficacy has been demonstrated. Medical necessity for continued use of this medication has been established.

Tramadol 50 mg, 160 count: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-9, Chronic Pain Treatment Guidelines Opioids Page(s): 60-1, 74-96.

Decision rationale: Ultram (tramadol) an opioid pain medication used to treat moderate to moderately severe pain with usual dosing every 6-8 hours. It acts by binding to the opioid receptor but it also inhibits the reuptake of serotonin and norepinephrine. Because of this second activity it must be used cautiously in patients taking serotonin reuptake inhibitor medications as the combined medications may precipitate a life-threatening serotonin syndrome event. Studies have shown the effectiveness of this medication to control pain for up to three months but there are no long-term studies available showing effectiveness of chronic use. According to the MTUS, opioid therapy for control of chronic pain, while not considered first line therapy, is considered a viable alternative when other modalities have been tried and failed. Success of this therapy is noted when there is significant improvement in pain or function. The risk with this therapy is the development of addiction, overdose and death. The pain guidelines in the MTUS directly address this issue and have criteria for the safe use of chronic opioids. The provider is appropriately following this patient, has requested urine drug screenings and has documented improvement in pain and improvement in function (improved activities of daily living) with use of his medications. Furthermore, he is on a first-line medication for chronic neuropathic pain (gabapentin) without full control of his pain. Finally, he is on a stable dose of his opioid medication. There is no documented contraindication for continued use of this medication. Medical necessity has been established.

