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| <b>Case Number:</b>   | CM15-0089638 |                              |            |
| <b>Date Assigned:</b> | 05/13/2015   | <b>Date of Injury:</b>       | 05/11/2013 |
| <b>Decision Date:</b> | 06/18/2015   | <b>UR Denial Date:</b>       | 04/06/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/11/2015 |

### 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: New York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency 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 45 year old female who sustained a work related injury May 11, 2013. With repetitive work activities, she developed pain in her left shoulder and neck. Past history included left shoulder surgery, 2013. According to a comprehensive initial orthopedic consultation, dated March 23, 2015, the injured worker presented with radiating pain down her right arm. She also experiences stabbing pain in her neck, left shoulder, and forearms, rated today 10/10. She also complains of grinding in her neck as well as locking in her right thumb. Diagnoses are documented as moderate cervical disc herniation at C5-C6 with C5 nerve root impingement; mild left C6 radiculopathy by neurodiagnostic testing. Treatment recommendations included C5-C6 cervical fusion, chiropractic treatment, and at issue, a request for authorization for Neurontin, Trazodone, and Ultracet.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurontin 600 #30 with 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin.

**Decision rationale:** Guidelines state that gabapentin may be effective for treatment of diabetic neuropathy and postherpetic neuralgia. In this case, documentation does not indicate that the patient has diabetic neuropathy and/or postherpetic pain nor is there mention of any functional improvement with prior use. The request gabapentin 600 mg #30 with 1 refill is not medically appropriate and necessary.

**Trazodone 50mg #30 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain outcomes and Endpoints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Sedating Antidepressants.

**Decision rationale:** Guidelines recommend trazodone as a first line option for neuropathic pain and also for insomnia in patients with concurrent depression. In this case, none of the documents include discussion on the efficacy of this medication in terms of pain assessment and functional change. The request for trazodone 50 mg #30 with one refill is not medically appropriate and necessary.

**Ultracet 37.5 #60 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to continue opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** Guidelines recommend opioids for the short term management of acute pain and acute exacerbations of chronic pain as long as monitoring is ongoing for efficacy, functional improvement, side effects and aberrant use. In this case, there is no documentation of maintained increase in function or decrease in pain with the use of this medication. Thus weaning would be recommended. The request for Ultracet 37.5 mg #60 with 1 refill is not medically appropriate and necessary.