MAXIMUS Federal Services

Case Number:	CM14-0136666		
Date Assigned:	09/03/2014	Date of Injury:	04/05/2012
Decision Date:	10/20/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/25/2014

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. The expert reviewer is Board Certified in ABFP and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

48-year-old female claimant sustained a work-related injury on April 5, 2012 involving the left neck, chest and left upper extremity. She was diagnosed with left thoracic outlet syndrome. She had ongoing vascular headaches, left upper extremity nerve and neuropathic pain. It progress note on April 5, 2012 had noted she was using Lyrica for pain and Flexeril to aid in sleeping. She had undergone in anterior cervical discectomy in 2013. A progress note on July 31, 2014 indicated the claimant had continued pain with activities and lifting objects. Examination findings were notable for tenderness with spasms in the left shoulder region with impingement findings. The elbows were tender over the left medial and lateral aspects. The claimant had prior normal electrodiagnostic studies two days previously. The treating physician recommended additional physical therapy and continuation of Tramadol ER 150 mg /day, Gabapentin 300 mg BID and Hydrocodone .

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL ER 150MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 93-94.

Decision rationale: According to the MTUS guidelines, Tramadol is a synthetic opioid affecting the central nervous system. Initial starting dose, may be 50mg to 100mg every 4 to 6 hours (max 400mg/day). This dose is recommended after titrating patients up from 100mg/day. It 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). In this case there was no mention of failure of first-line medications. There are limited studies to support use of Tramadol for cephalgia, cervical strain or thoracic outlet syndrome .The use of Tramadol ER is not substantiated by titration response to Tramadol . The Tramadol ER above is not medically necessary.

HYDROCODONE/APAP 2.5/325MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Hydrocodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Hydrocodone without significant improvement in pain or function. It has also been combined with another opioid - Tramadol. Continued use of Hydrocodone is not medically necessary.

GABAPENTIN 300MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI CONVULSANT Page(s): 49.

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

Decision rationale: According to the MTUS guidelines: 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. In this case, the claimant does not have the stated conditions approved for Gabapentin use. Furthermore, she had already been on Lyrica previously for the same indication. Gabapentin is not medically necessary.