

<b>Case Number:</b>	CM14-0154097		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	09/27/2007
<b>Decision Date:</b>	04/21/2015	<b>UR Denial Date:</b>	09/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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. 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 (IW) is a 53 year old female who sustained an industrial injury on 09/27/2007. She reported shoulder pain that was diagnosed as a rotator cuff problem, for which she had surgery. She later had neck pain that in late 2012 required a cervical fusion of C4-C7. In 2013, the worker developed dizziness and vertigo. In July of 2013 the injured worker was diagnosed as having cervical radiculopathy, postop with persistent neck pain and upper extremity pain and numbness, vertigo with positional nystagmus, neck pain, pain in limb, and numbness. Treatment to date has included surgery on the shoulder and on the neck, treatment with medications, and nerve conduction studies. The most current physician note found in the records is the August 19, 2013 note. Requests for Relafen 500mg #60, Tramadol ER 100mg #30, Neurontin 600mg #60 were received and reviewed on 09/11/2014 a decision was sent in the utilization review letter of 09/15/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Relafen 500mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-INFLAMMATORY.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 67-71.

**Decision rationale:** The claimant is more than 7 years status post work-related injury and continues to be treated for chronic neck and upper extremity pain. Treatments have included cervical spine and rotator cuff surgery. Oral NSAIDs (nonsteroidal antiinflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Guidelines recommend a maximum dose of Relafen of 2000 mg/day. In this case, the requested dose is in within guideline recommendations and therefore medically necessary.

**Tramadol ER 100mg #30:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, (2) Opioids, criteria for use (3) Opioids, dosing Page(s): 8, 76-80, 86.

**Decision rationale:** The claimant is more than 7 years status post work-related injury and continues to be treated for chronic neck and upper extremity pain. Treatments have included cervical spine and rotator cuff surgery. Tramadol ER is a sustained release formulation and would be used to treat baseline pain which is present in this case. The requested dosing is within guideline recommendations. In this case, there are no identified issues of abuse, addiction, or poor pain control. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. Urine drug tests have been consistent with the prescribed medications. Therefore, the continued prescribing of Tramadol ER was medically necessary.

**Neurontin 600mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-EPILEPTIC.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-18.

**Decision rationale:** The claimant is more than 7 years status post work-related injury and continues to be treated for chronic neck and upper extremity pain. Treatments have included cervical spine and rotator cuff surgery. Neurontin (gabapentin) has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. When used for neuropathic pain, guidelines recommend a dose titration of greater than 1200 mg per day. In this case, the claimant's gabapentin dosing is consistent with recommended guidelines and therefore medically necessary.