

Case Number:	CM14-0218655		
Date Assigned:	01/08/2015	Date of Injury:	10/26/1999
Decision Date:	03/06/2015	UR Denial Date:	12/20/2014
Priority:	Standard	Application Received:	12/30/2014

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: Texas, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

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

This is a 57 years old female was injured on 10/26/1999 while being employed. On Physician's Progress Report dated 12/02/2014 she complained of neck pain and weakness in hands resulting in dropping objects easily. Examination revealed no erythema of the cervical spine, a decreased range of motion with crepitus was noted, a decreased grip strength on right hand with good sensation. The injured worker diagnoses were as follow: neck strain and degenerative disc disease. She was on the following medication regimen of Neurontin, Zanaflex, Nabumetone and Norco. Treatment plan included medication refills and new prescription of Ultram. The injured workers work status was noted as remained off work: disabled. Documentation submitted for review had evidence of frequent urine toxicity screenings. The patient has had MRI of the cervical spine on 9/12/14 that revealed disc bulging and degenerative changes. She had history of pain with radiation in UE that worse in cold weather and she was unable to perform ADLs.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Ultram 50mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram), Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines MTUS (Effective July 18, 2009), Page 75 Central actin.

Decision rationale: Request: Ultram 50mg #120 Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines 'Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. (Kumar, 2003)' Cited guidelines also state that, 'A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain. Tramadol can be used for chronic pain and for treatment of episodic exacerbations of severe pain. On Physician's Progress Report dated 12/02/2014 she complained of neck pain and weakness in hands resulting in dropping objects easily. Examination revealed no erythema of the cervical spine, a decreased range of motion with crepitus was noted, a decreased grip strength on right hand with good sensation. The patient has had MRI of the cervical spine on 9/12/14 that revealed disc bulging and degenerative changes. She had history of pain with radiation in UE that worse in cold weather and she was unable to perform ADLs. Patient is already taking a NSIAD and a muscle relaxant. The patient has chronic pain and the patient's medical condition can have intermittent exacerbations. Having tramadol available for use during sudden unexpected exacerbations of pain is medically appropriate and necessary. This request for Ultram 50mg #120 is deemed as medically appropriate and necessary.

One prescription of Neurontin 300mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drug (AEDs).

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

Decision rationale: Request: Neurontin 300mg #90 According to the CA MTUS Chronic pain guidelines regarding Neurontin/ 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.' Spinal cord injury: Recommended as a trial for chronic neuropathic pain. Lumbar spinal stenosis: Recommended as a trial, with statistically significant improvement found in walking distance, pain with movement, and sensory deficit. 'This medication appears to be effective in reducing abnormal hypersensitivity (allodynia and hyperalgesia), to have anti-anxiety effects, and may be beneficial as a sleep aid.' On Physician's Progress Report dated 12/02/2014 she complained of neck pain and weakness in hands resulting in dropping objects easily. Examination revealed no erythema of the cervical spine, a decreased range of motion with crepitus was noted, a decreased grip strength on right hand with good sensation. The patient has had MRI of the cervical spine on 9/12/14 that revealed disc bulging and degenerative changes. She had history of pain with radiation in UE that worse in cold

weather and she was unable to perform ADLs. The patient has chronic pain with a neuropathic component. The patient has abnormal objective findings and imaging study findings that are consistent with the pt's symptoms. Anticonvulsants or antiepileptics like gabapentin / Neurontin are medically appropriate and necessary in this patient. The cited guidelines support the use of Neurontin 300mg #90 in patients with this clinical situation therefore the request is deemed medically necessary.