

<b>Case Number:</b>	CM14-0091053		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	04/20/2012
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	06/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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 Physical Medicine and Rehabilitation 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:

This patient's underlying date of injury is 04/20/2012. The date of the utilization review under appeal is 06/10/2014. Treating physician notes are handwritten and contain limited and/or largely illegible information. On 05/29/2014, the patient was seen in follow-up regarding the diagnoses of cervical sprain with extensive radiculopathy to upper extremities, thoracic sprain, bilateral shoulder tendinitis with a history of a right rotator cuff tear, status post-surgery and lateral epicondylitis. Treatment was recommended to include physical therapy and acupuncture to the right shoulder for postoperative rehabilitation as well as medication including tramadol. The patient was noted to be status post-surgery, specifically on 02/18/2014, for a right rotator cuff tear, and had noted 50% improvement overall after 12 postoperative physical therapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50 mg #60 with one refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

**Decision rationale:** The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines discusses Tramadol on page 113, noting that Tramadol is not recommended as a first-line oral analgesic. The medical records contain very limited information regarding the rationale for this medication or its clinical effectiveness. This is not supported by the treatment guidelines. This request is not medically necessary.

**Neurontin 300 mg #30 with one refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines AED (anti epilepsy drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic medications Page(s): 17.

**Decision rationale:** The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on antiepileptic medications, page 17, states that after initiation of treatment there should be documentation of pain relief and functional improvement as well as documentation of any side effects incurred with use. The medical records do not contain such details regarding the benefits or any side effects from Neurontin. This request is not supported by the treatment guidelines. Overall, this request is not medically necessary.

**Cortisone injection to the left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 330,346,Chronic Pain Treatment Guidelines Corticoid steroid injection. Decision based on Non-MTUS Citation ODG- Knee & Leg (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346.

**Decision rationale:** ACOEM guidelines, Chapter 13, knee, page 346, discusses steroid injection as an optional form of treatment without research-based evidence. Particularly given the limited basis in the guidelines to support such treatment, the medical records should provide a diagnosis and rationale for treatment if such cortisone injection treatment is proposed. The records are very limited and/or illegible. It is not clear what the proposed rationale or clinical diagnosis is for such injection. This request is not medically necessary.