

Case Number:	CM15-0113116		
Date Assigned:	06/19/2015	Date of Injury:	08/02/2000
Decision Date:	07/20/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/11/2015

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: Arizona, 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:

The injured worker is a 65 year old male, who sustained an industrial injury on August 2, 2000. Treatment to date has included imaging of the cervical spine, medications, and arthroscopic shoulder surgery. Currently, the injured worker complains of continued pain. He is in a pain medication taper phase and reports his pain level with medication is 4-5 on a 10 point scale and 7-8 without medications. He describes his pain as constant and sharp over the left posterolateral neck and at cervical spine C6-7 and over the left shoulder. He denied having strength deficits. The injured worker reports improvement in pain with medication, pacing his activities, rest, and heat/ice therapy. He report improvement in functional routines, activities of daily living, home chores, cooking, laundry and yard maintenance. The diagnoses associated with the request include left cervicalgia, spondylosis and facet syndrome and status post arthroscopic shoulder surgery. The treatment plan includes gabapentin for nerve pain, Tramadol for pain and urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg quantity 90 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti Epilepsy Drugs.

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

Decision rationale: According to the MTUS guidelines: Gabapentin (Neurontin) 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. Neurontin is also indicated for a trial period for CRPS, lumbar radiculopathy, Fibromyalgia and Spinal cord injury. In this case, the claimant does not have the stated conditions approved for Gabapentin use. The claimant had cervicalgia and shoulder pain rather than a spinal cord injury. Furthermore, the treatment duration was longer than recommended. Gabapentin is not medically necessary.

Tramadol 50mg quantity 150 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): 92-93.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol 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) and when there is evidence of moderate to severe pain. Although it may be a good choice in those with back pain, the claimant's pain control was equivocal while on Tramadol. The claimant had been on Tramadol for several months and long-term use has not been studied. There was no mention of Tylenol or NSAID failure. Future pain response cannot be determined. The continued use of Tramadol with 1 refill as above is not medically necessary.