

Case Number:	CM15-0114430		
Date Assigned:	06/22/2015	Date of Injury:	11/06/2004
Decision Date:	07/21/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/15/2015

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 53 year old female, who sustained an industrial injury on 11/6/04. She reported initial complaints of neck/upper extremities pain. The injured worker was diagnosed as having status post cervical spine surgeries x 2; status post right carpal tunnel release; status post left carpal tunnel release; strain/sprain lumbar spine. Treatment to date has included status post cervical discectomy/fusion C3-C4 and C4-C5 and a re-fusion at C4-C5 (2/2005; 6/2005); status post decompression median nerve/carpal tunnel release left wrist (3/27/2006); status post right decompression median nerve/carpal tunnel release (2006) . Diagnostics included EMG/NCV bilateral upper extremities (12/15/04); EMG/NCV study right upper extremity (9/28/06); CT scan cervical spine (11/24/08); MRI scan lumbar spine (11/24/08). Currently, the PR-2 notes dated 4/30/15 indicated the injured worker complains of increased pain in the neck and low back pain and relies on her Ultracet to help the pain. Pain levels recorded without medications 8/10 and with medications 4/10. She reports she is able to walk and stand longer and able to perform some light cleaning. She states her right leg has been throbbing lately. Urine screening from 11/12/14 and 1/15/14 reported consistent with medications prescribed. The provider documents chief complaints with clinical history as: chronic cervical spine pain, status post previous cervical fusion; chronic low back pain; history of anterolisthesis of L4-L5; chronic bilateral hand/wrist pain and paresthesia. On physical examination of the cervical spine reveals spasms, pain and decreased range of motion. There is facet tenderness and noted healed scar anteriorly. The right C5-6 notes radiculopathy and notes sensation on the right at C5-6 and C7 on the left. There is tenderness to palpation over the cervicotracheal ridge and pain with flexion and extension. The provider is requesting authorization of Ultracet 37.5/325mg #60 and Neurotin 600mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5/325mg quantity 60: Upheld

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

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, there was no trial of weaning attempt noted. Failure of Tylenol or NSAID use was not provided. Long-term use of Ultracet has not been studied and is not recommended. Continued use of Ultracet is not medically necessary.

Neurontin 600mg quantity 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin).

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. There was no straight leg raise findings or abnormal neurological exam to suggest radiculopathy. Furthermore, the treatment duration was longer than recommended. Gabapentin is not medically necessary.