

Case Number:	CM15-0115204		
Date Assigned:	06/23/2015	Date of Injury:	02/03/1992
Decision Date:	09/24/2015	UR Denial Date:	06/01/2015
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: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 60 year old male, who sustained an industrial injury on February 3, 1992. The injured worker was diagnosed as having cervical radiculopathy, post cervical laminectomy syndrome, cervical facet syndrome, spasm of muscle and cervical disc degeneration. Treatment to date has included medication, epidural steroid injection, magnetic resonance imaging (MRI), electromyogram, nerve conduction study and lab work. A progress note dated May 29, 2015 provides the injured worker complains of neck and wrist pain rated 7 out of 10 with medication and 9 out of 10 without medication. He reports poor sleep due to pain. Physical exam notes cervical tenderness to palpation with decreased range of motion (ROM) and positive facet loading. There is right wrist tenderness to palpation. The plan includes Ultram, Tramadol and Neurontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER 100mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Ultram (Tramadol) ER 100mg #30 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured workers working diagnoses are herniated disc C6 - C7; degenerative and probable herniated disc C-5 - C6; status post anterior cervical discectomy and fusion C6 - C7; and status post anterior cervical discectomy and fusion C-5 - C6. The date of injury is February 3, 1992. Request for authorization dated May 29, 2015. According to a December 10, 2014 progress note, Tramadol ER 100 mg, Tramadol 50 mg and Neurontin 800 mg of all prescribed. The pain score was 8/10 with medications. According to the most recent progress note dated May 28, 2015, the injured worker's subjective symptoms are unchanged. Pain score is 7/10. Sleep is poor. Medications are continued through the present date along with Zanaflex and Trazodone. Objectively, there is tenderness palpation decreased range of motion. Motor examination was normal and light touch was decreased in the left upper extremity. There are no detailed pain assessments in the medical record. There are no risk assessments in the medical record. There is no documentation demonstrating objective functional improvement. There is no documentation demonstrating subjective functional improvement (minor decrease in the pain scale from 8/10 to 7/10). Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement, no detailed pain assessments or risk assessments, no subjective functional improvement with a static pain score and no attempt at weaning Tramadol ER, Ultram (Tramadol) ER 100mg #30 is not medically necessary.

Tramadol 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Opioids, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tramadol 50mg # 60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate

use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured workers working diagnoses are herniated disc C6 - C7; degenerative and probable herniated disc C-5 - C6; status post anterior cervical discectomy and fusion C6 - C7; and status post anterior cervical discectomy and fusion C-5 - C6. The date of injury is February 3, 1992. Request for authorization dated May 29, 2015. According to a December 10, 2014 progress note, Tramadol ER 100 mg, Tramadol 50 mg and Neurontin 800 mg of all prescribed. The pain score was 8/10 with medications. According to the most recent progress note dated May 28, 2015, the injured worker's subjective symptoms are unchanged. Pain score is 7/10. Sleep is poor. Medications are continued through the present date along with Zanaflex and trazodone. Objectively, there is tenderness palpation decreased range of motion. Motor examination was normal and light touch was decreased in the left upper extremity. There are no detailed pain assessments in the medical record. There are no risk assessments in the medical record. There is no documentation demonstrating objective functional improvement. There is no documentation demonstrating subjective functional improvement (minor decrease in the pain scale from 8/10 to 7/10). Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement, no detailed pain assessments or risk assessments, no subjective functional improvement with a static pain score and no attempt at weaning Tramadol, Tramadol 50mg # 60 is not medically necessary.

Neurontin 800mg #120 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Anti-epileptic drugs (AEDs).

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Neurontin (Gabapentin) 800 mg #120 with 5 refills is not medically necessary. Gabapentin is recommended for some neuropathic pain conditions and fibromyalgia. Gabapentin is associated with a modest increase in the number of patients experiencing meaningful pain reduction. Gabapentin is an anti-epilepsy drug. In this case, the injured workers working diagnoses are herniated disc C6 - C7; degenerative and probable herniated disc C-5 - C6; status post anterior cervical discectomy and fusion C6 - C7; and status post anterior cervical discectomy and fusion C-5 - C6. The date of injury is February 3, 1992. Request for authorization dated May 29, 2015. According to a December 10, 2014 progress note, Tramadol ER 100 mg, Tramadol 50 mg and Neurontin 800 mg of all prescribed. The pain score was 8/10 with medications. According to the most recent progress note dated May 28, 2015, the injured worker's subjective symptoms are unchanged. Pain score is 7/10. Sleep is poor. Medications are continued through the present date along with Zanaflex and Trazodone. Objectively, there is

tenderness palpation decreased range of motion. Motor examination was normal and light touch was decreased in the left upper extremity. There is minimal change in the subjective pain score (8/10 to 7/10 presently). There is no documentation demonstrating objective functional improvement associated with ongoing Neurontin. Additionally, the treating provider requested an additional five refills. There is no clinical indication for an additional five refills in the absence of subjective improvement and objective functional improvement. There has been no attempt at weaning Neurontin documented in the medical record. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, documentation demonstrating objective functional improvement, no documentation with subjective improvement and no attempt at weaning Neurontin, Neurontin (Gabapentin) 800 mg #120 with 5 refills is not medically necessary.