

Case Number:	CM15-0123299		
Date Assigned:	07/07/2015	Date of Injury:	10/23/2014
Decision Date:	08/04/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/26/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 51-year-old male, who sustained an industrial injury on 10/23/2014. Diagnoses include lumbar disc displacement, lumbar radiculopathy, left rotator cuff tear and left shoulder impingement syndrome. Treatment to date has included diagnostics and conservative care including medications, modified activity, chiropractic care, acupuncture, specialty consultations and physical therapy. Per the Primary Treating Physician's Progress Report dated 5/13/2015 the injured worker reported constant, moderate lumbar spine pain rated as 7/10 with radiation to the bilateral lower extremities, and constant severe left shoulder pain rated as 8/10 with tingling, heaviness and cramping with radiation to the left arm. Physical examination of the lumbar spine revealed decreased range of motion and a positive straight leg raise causing pain on the right. Left shoulder examination revealed pain upon palpation of the supraspinatus and decreased range of motion. The plan of care included medications and authorization was requested for Tramadol ER and Neurontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 100mg 1 QD #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: The claimant sustained a work injury in September 2014 and is being treated for left shoulder and radiating low back pain. In April 2015, medications were ibuprofen and lisinopril. Pain was rated at 6-8/10. Tramadol ER and Neurontin were prescribed. On 05/13/15, he was having ongoing symptoms. Pain was rated at 7-8/10. Physical examination findings included decreased shoulder and lumbar spine range of motion. Straight leg raising was positive on the right. Supraspinatus press testing caused pain. Medications were refilled. Neurontin was prescribed at 300 mg per day. Tramadol ER is a sustained release opioid used for treating baseline pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, increased level of function, or improved quality of life. Continued prescribing was not medically necessary.

Neurontin 300mg 1 QHS #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs), p16-18 Page(s): 16-18.

Decision rationale: The claimant sustained a work injury in September 2014 and is being treated for left shoulder and radiating low back pain. In April 2015, medications were ibuprofen and lisinopril. Pain was rated at 6-8/10. Tramadol ER and Neurontin were prescribed. On 05/13/15, he was having ongoing symptoms. Pain was rated at 7-8/10. Physical examination findings included decreased shoulder and lumbar spine range of motion. Straight leg raising was positive on the right. Supraspinatus press testing caused pain. Medications were refilled. Neurontin was prescribed at 300 mg per day. Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. When used for neuropathic pain, guidelines recommend a dose titration of greater than 1200 mg per day. In this case, the claimant's gabapentin dosing is less than that recommended or likely to be effective. Ongoing prescribing at this dose is not medically necessary.