

Case Number:	CM15-0128213		
Date Assigned:	07/15/2015	Date of Injury:	05/10/2013
Decision Date:	09/09/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/03/2015

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, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 30-year-old female, with a reported date of injury of 05/10/2013. The mechanism of injury was not indicated in the medical records. The injured worker's symptoms at the time of the injury were not indicated. The diagnoses include rule out complex regional pain syndrome and status post carpal tunnel release. Treatments and evaluation to date have included oral medications. The diagnostic studies to date have included an x-ray of the cervical spine on 11/19/2014 which showed negative results; and an MRI of the cervical spine on 01/06/2015 with unremarkable findings. The progress report dated 06/08/2015 is handwritten and somewhat illegible. The report indicates that the injured worker stated that her right hand and arm was still painful. Her pain was worse on the day of the appointment. The objective findings include the inability to make an effective hand grip. The injured worker has been instructed to remain off work until 08/08/2015. The treating physician requested Tramadol 50mg #60 and Gabapentin 100mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and Tramadol (Ultram) Page(s): 74-96 and 113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Tramadol (Ultram).

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that Tramadol (Ultram) is a centrally acting synthetic opioid analgesic which is not recommended as a first line oral analgesic. Multiple side effects have been reported including increased risk of seizure especially in patients taking selective serotonin reuptake inhibitors (SSRIs), tricyclic antidepressants (TCAs) and other opioids. There is no evidence that the injured worker was taking selective serotonin reuptake inhibitors (SSRIs) or tricyclic antidepressants (TCAs). There was evidence that the injured worker previously took Vicodin and Tylenol with codeine; however there is no documentation that the injured worker continues to take these medications. The non-MTUS Official Disability Guidelines indicate that Tramadol has unreliable analgesic activity and potential side effects such as serotonin syndrome. There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. None of these aspects of prescribing are in evidence. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. Therefore, the request for Tramadol is not medically necessary.

Gabapentin 100mg #90: 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 Anti-epilepsy drugs (AEDs) and Gabapentin (Neurontin) Page(s): 16-17 and 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Gabapentin (Neurontin).

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that Gabapentin is an anti-epilepsy drug, which has been shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The non-MTUS Official Disability Guidelines indicate that Gabapentin is recommended for some neuropathic pain conditions and fibromyalgia. There is documentation that the injured worker complained of bilateral upper extremity tingling on 01/12/2015; however, there is no diagnostic evidence that the injured worker had neuropathic pain. Anti-epilepsy drugs are recommended for neuropathic pain. One recommendation for an adequate trial with Gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. The injured worker should be asked at each visit as to whether there has been a change in pain or function. Unfortunately a review of the injured workers medical records do not reveal any

documentation of improvement in pain or function with the use of gabapentin, without this information it is not possible to determine medical necessity for continued use therefore the request for Gabapentin 100mg #90 is not medically necessary.