

<b>Case Number:</b>	CM15-0128782		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	10/17/2008
<b>Decision Date:</b>	08/10/2015	<b>UR Denial Date:</b>	06/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2015

### 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 63 year old female, who sustained an industrial injury on October 17, 2008. Treatment to date has included diagnostic imaging, epidural steroid injection, and medications. Currently, the injured worker complains of bilateral shoulder pain. She reports that her right shoulder pain has increased because she is using the right arm more to compensate for her left shoulder pain. He rates her pain a 7 on a 10-point scale with medications and rates her pain a 9 on a 10-point scale without medications. She reports that her medications are working and her activity level has remained the same. Her current medications regimen includes Neurontin at bedtime, Tramadol, Omeprazole and Ultra ER. On physical examination the injured worker has a right-sided antalgic gait. She has restricted range of motion of the lumbar spine and range of motion elicits pain. Heel and toe walks are within normal limits and she has negative straight leg raise tests bilaterally. Her right shoulder is limited with range of motion and she has positive Hawkins and Neer tests. She has 4/5 motor strength of the shoulder external rotation on both sides and 5/5 shoulder internal rotation bilaterally. The diagnoses associated with the request include lumbar radiculopathy, lumbar disc disorder and spondylolisthesis. The treatment plan includes MRI of the right shoulder, H-wave unit trial, and continuation of Omeprazole, Ultram, tramadol and Neurontin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurontin 300 mg, sixty count:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 treatment duration was over 3 years and beyond a trial period longer. There was minimal reduction in pain scale with its use in combination with opioids. Continued Neurontin is not medically necessary.

**Ultram ER 200 mg, sixty count:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 had persistent pain over time while on the medication and minimal reduction in pain scores. The claimant was on Tramadol along with Ultram ER. There was no mention of Tylenol, Tricyclic or NSAID failure. The continued use of Ultram ER as above is not medically necessary.