

Case Number:	CM15-0171888		
Date Assigned:	09/14/2015	Date of Injury:	08/01/2011
Decision Date:	10/13/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	09/01/2015

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 45-year-old male, who sustained an industrial injury on 8-1-11. Medical record indicated the injured worker is undergoing treatment for bilateral upper extremity overuse syndrome, right and left shoulder rotator cuff tendonitis, left and right shoulder surgery, right elbow lateral epicondylitis, right elbow status post-surgical lateral release, left elbow lateral epicondylitis, right carpal tunnel syndrome, status post carpal tunnel release, right and left hand trigger finger status post trigger finger release and chronic pain syndrome. Treatment to date has included cognitive behavioral therapy, physical therapy, chiropractic therapy, cortisone injections, acupuncture, transcutaneous electrical nerve stimulation (TENS) unit, multiple surgeries and oral medications including Ibuprofen 300mg, Gabapentin 300mg, Tramadol, Lyrica, Norco, Oxycodone, Percocet and Vicodin. A urine drug screen was performed on 7-23-15. On 6-1-15 he complained of increasing left shoulder pain, let sided neck pain and pain radiating down the left upper extremity which he states is a bit worse than 2 weeks prior. Currently on 7-23-15, the injured worker complains of bilateral wrist pain rated 3-9 out of 10 and left shoulder pain described as burning, shooting, achy, throbbing, squeezing, deep, cramping, and rated 2-7 out of 10. He is currently not working. Physical exam on 6-1-15 revealed tenderness residually of right lateral epicondylar region, restricted range of motion of left shoulder and no further tenderness in hands with full range of motion and on 7-23-15 revealed tenderness to palpation of left cervical spine with decreased range of motion and mild tenderness on palpation over right and left lateral epicondylar region; decreased sensation is also noted in right 1st -3rd digits and tenderness in lumbar spine with palpation. The treatment plan included

request for authorization for increasing titration of Neurontin 300mg 1 to 3 tablets, Tramadol 50mg and Ibuprofen 800mg. On 8-7-15, utilization non-certified Ibuprofen 800mg #60 noting while Ibuprofen is supported for treatment of musculoskeletal complaints, the 800mg dose is not providing more relief compared to a 400mg dose and Neurontin 300mg #180 and Tramadol 50mg is modified from #60 to #13 for weaning due to lack of documentation of pain levels prior to and after intake of opioids.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, dosing.

Decision rationale: The claimant sustained a work injury in August 2011 and continues to be treated for right wrist and left shoulder pain. He underwent right wrist surgery reported to cause elbow and then shoulder pain. Medications are referenced as decreasing pain from 7-8/10 to 2-3/10. When seen, his BMI was nearly 34. There was decreased cervical spine range of motion with tenderness. There was decreased and painful shoulder range of motion with acromioclavicular and biceps tendon tenderness and left trapezius tenderness. Impingement testing and cross body adduction testing was positive. There was bilateral lateral epicondyle tenderness. Medications were refilled including tramadol at a total MED (morphine equivalent dose) of 20 mg per day. Neurontin was being prescribed at 1800 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Tramadol is an immediate release short acting medication often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management and providing pain relief. There are no identified issues of abuse or addiction. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.

Ibuprofen 800 mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

Decision rationale: The claimant sustained a work injury in August 2011 and continues to be treated for right wrist and left shoulder pain. He underwent right wrist surgery reported to cause

elbow and then shoulder pain. Medications are referenced as decreasing pain from 7-8/10 to 2-3/10. When seen, his BMI was nearly 34. There was decreased cervical spine range of motion with tenderness. There was decreased and painful shoulder range of motion with acromioclavicular and biceps tendon tenderness and left trapezius tenderness. Impingement testing and cross body adduction testing was positive. There was bilateral lateral epicondyle tenderness. Medications were refilled including tramadol at a total MED (morphine equivalent dose) of 20 mg per day. Neurontin was being prescribed at 1800 mg per day. Oral NSAIDS (nonsteroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Recommended dosing of ibuprofen ranges from 1200 mg per day and should not exceed 3200 mg/day. In this case, the requested dosing is within guideline recommendations and medically necessary.

Neurontin 300 mg #180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: The claimant sustained a work injury in August 2011 and continues to be treated for right wrist and left shoulder pain. He underwent right wrist surgery reported to cause elbow and then shoulder pain. Medications are referenced as decreasing pain from 7-8/10 to 2-3/10. When seen, his BMI was nearly 34. There was decreased cervical spine range of motion with tenderness. There was decreased and painful shoulder range of motion with acromioclavicular and biceps tendon tenderness and left trapezius tenderness. Impingement testing and cross body adduction testing was positive. There was bilateral lateral epicondyle tenderness. Medications were refilled including tramadol at a total MED (morphine equivalent dose) of 20 mg per day. Neurontin was being prescribed at 1800 mg per day. Neurontin (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 at least 1200 mg per day. In this case, the claimant's gabapentin dosing is consistent with that recommendation and medications are providing effective pain control. Ongoing prescribing was medically necessary.