

Case Number:	CM15-0177599		
Date Assigned:	09/18/2015	Date of Injury:	04/01/2010
Decision Date:	10/27/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/09/2015

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: Georgia, California, Texas

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 60 year old female who sustained an industrial injury on 04-01-2010. MRI of the cervical spine showed a pinched nerve at C5-C6. In 2012, she underwent a cervical fusion followed by a post-operative epidural. According to a progress report dated 07-14-2015, the injured worker reported severe right sided neck pain with radiation of pain into both lateral arms down to her hands. She had throbbing and itchiness between the shoulder blades. Electrodiagnostic studies in 2014 showed denervation of right C6-C7 muscles. Numbness of both medial arms and left hand was noted. Her fingers would go numb. She had more numbness with cold weather. Weakness of grip was noted. She was using a night splint on her left hand but still had volar arm pains. Objective findings included cervical extension 10 degrees, flexion 30 degrees, rotation 40 degrees to right with pain on the left and rotation 50 degrees to left. Tightness in the right trapezius was noted. Shoulder flexion was 100 degrees, abduction 100 degrees and internal rotation 60 degrees. Supraclavicular swelling and nodes on the left was noted. Partial mastectomy on the left was noted. Prominent veins across upper chest wall (clogged liver vein, portal hypertension, cirrhosis) noted. Tinel testing was negative over the median nerve. Very weak grip with full motion noted. Grip strength was 10 pounds on the right and 5 pounds on the left hand. Tramadol only provided temporary relief. Medications included Tramadol 50 mg quantity 120 with 3 refills and Gabapentin 300 mg quantity 90 with 5 refills. Diagnoses included cervical disc disorder with myelopathy, portal hypertension and polyneuropathy in other diseases. Restrictions included no heavy work, no overhead work and no power gripping. According to a progress report dated 08-25-2015, Tramadol did allow her to

cook. She felt the same with burning from the neck down both arms, but the left was worse. She had throbbing and itchiness between the shoulder blades. Numbness of both medial arms and left hand were noted. All of her fingers would go numb. She had weakness of grip. She had more numbness with cold weather. Naproxen was hard on her liver and listed as an allergy. Medications included Oxycodone, Tramadol and Gabapentin. Current pain was rated 8 on a scale of 1-10. Least reported pain was 4 with Tramadol. Average pain was 6. Pain was rated 4 thirty minutes after taking opioid (Tramadol). The provider noted that analgesia was obtained and activities of daily living were improved. There were no adverse effects and no aberrant drug taking behaviors noticed. The provider noted request for authorization for Oxycodone 5 mg every 12 hours as needed #60. Documentation shows continued use of Gabapentin and Tramadol dating back to February 2015. On 09-01-2015, Utilization Review modified the request for 1 prescription of Tramadol HCL 50 mg #120 with 3 refills, 1 prescription of Gabapentin 300 mg #90 with 5 refills and certified the request for 1 prescription of Oxycodone HCL 5 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription of Tramadol HCL 50mg #120 with 3 refills: 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, criteria for use, Opioids for chronic pain.

Decision rationale: MTUS notes no trials of long-term opioid use for neuropathic pain. Concerning chronic back pain, MTUS states that opioid therapy "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy." MTUS states monitoring of the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors) over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of controlled drugs. The 4 A's appear to be met in this case. The injured worker has failed injections and because of her history of cirrhosis and GI bleeding is not a candidate for NSAID therapy. The requested tramadol is medically necessary.

One (1) prescription of Gabapentin 300mg #90 with 5 refills: 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 submitted documentation supports a diagnosis of neuropathic pain. MTUS recommends antiepilepsy drugs as first-line treatment for neuropathic pain. Although

multiple comorbidities are documented, the injured worker is being monitored at appropriate intervals and the requested refills are reasonable. Based upon documented response to gabapentin, the requested medication is medically necessary.