

<b>Case Number:</b>	CM15-0077931		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	12/20/2004
<b>Decision Date:</b>	05/26/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2015

### 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: California, Indiana, New York  
Certification(s)/Specialty: Internal 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 55 year old female who sustained an industrial injury on 12/20/04. The diagnoses have included sprain of neck, sprain of shoulder/arm, right carpal tunnel syndrome, left carpal tunnel release, cervical spinal stenosis, cervical spine status post anterior cervical discectomy and fusion, and cervical disc protrusion. Treatment to date has included medications, physical therapy, surgery, activity modifications, Transcutaneous electrical nerve stimulation (TENS), epidural steroid injection (ESI), conservative care and home exercise program (HEP). The current medications included Tramadol, Naprosyn, Gabapentin, Ambien, Amlodipine, Hydrochlorothiazide and Benazepril. Currently, as per the physician progress note dated 3/31/15, the injured worker complains of neck, back and knee pain. She reports taking Nonsteroidal anti-inflammatory drug daily for pain and reports sleeping difficulties at times due to pain. The objective findings revealed cervical spine trigger points and spasm, decreased cervical range of motion, and slightly decreased sensation in the upper extremities. Work status was permanent and stationary. The physician requested treatments included Ultram 50mg #60 and Gabapentin 300mg #180.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram 50mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Ultram 50mg #60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are cervical spine status post ACDF at C4- C5; cervical spine C-5- C6 posterior central disc protrusion with bilateral neural foraminal narrowing; cervical spine status post interlaminar epidural steroid injection August 2014; right shoulder sprain/strain; left shoulder sprain/strain: right and left wrists carpal tunnel syndrome; left wrist carpal tunnel release with residual sensory conduction delay. The earliest progress note in the medical record (50 pages) indicates the injured worker is on Tramadol (Ultram) 50 mg one every six hours and gabapentin 300 mg three times a day. Additional medications include Mobic and Ambien. Subjectively, the injured worker has increased neck pain. There is no VAS pain scale in the record. The injured worker is scheduled to begin physical therapy. Objectively, sensation is decreased in the left upper extremity. The most recent progress note dated March 31, 2015 (request for authorization same date), subjectively shows the injured worker has neck, back and knee pain. Again, there is no VAS pain scale. There is no documentation of objective functional improvement with ongoing Ultram. There are no risk assessments. There are no detailed pain assessments (associated with ongoing long-term tramadol). There is no documentation of an attempt to wean Ultram in its entirety based on the lack of objective functional improvement. Consequently, absent compelling clinical documentation with objective functional improvement to support the ongoing use of Ultram, overall objective functional improvement (increase in ADLs), no VAS pain scores in the medical record, no risk assessments and the detailed pain assessments with ongoing opiate use, Ultram 50mg #60 is not medically necessary.

**Gabapentin 300mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 17.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Gabapentin.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Gabapentin 300 mg #180 is not medically necessary. Gabapentin is recommended for some neuropathic pain conditions in fibromyalgia. Gabapentin is associated with a modest increase in the number of patients experiencing meaningful pain reduction. Gabapentin is an anti-epilepsy drug (AED). Gabapentin is considered a first-line treatment for neuropathic pain. In this case, the injured worker's working diagnoses are cervical spine status post ACDF at C4- C5; cervical spine C-5 -C6 posterior central disc protrusion with bilateral neural foraminal narrowing; cervical spine status post interlaminar epidural steroid injection August 2014; right shoulder sprain/strain; left shoulder sprain/strain: right and left wrists carpal tunnel syndrome; left wrist carpal tunnel release with residual sensory conduction delay. The earliest progress note in the medical record (50 pages) indicates the injured worker is on Tramadol (Ultram) 50 mg one every six hours and gabapentin 300 mg three times a day. Additional medications include Mobic and Ambien. Subjectively, the injured worker has increased neck pain. There is no VAS pain scale in the record. The injured worker is scheduled to begin physical therapy. Objectively, sensation is decreased in the left upper extremity. The most recent progress note dated March 31, 2015 (request for authorization same date), subjectively shows the injured worker has neck, back and knee pain. Again, there is no VAS pain scale. There is no documentation of objective functional improvement with ongoing gabapentin. The injured worker continues to experience neuropathic symptoms. There are no comparative VAS pain scales between October 21, 2014 and March 31, 2015. Consequently, absent clinical documentation with objective functional improvement to support the ongoing use of Gabapentin in the absence of comparative VAS pain scales (over five months), Gabapentin 300 mg #180 is not medically necessary.