

Case Number:	CM15-0095158		
Date Assigned:	05/21/2015	Date of Injury:	05/12/2007
Decision Date:	06/30/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/18/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 51 year old male who sustained an industrial injury on May 12, 2007. He has reported neck and left shoulder pain and has been diagnosed with cervical disc disease, cervical radiculopathy, bilateral shoulder sprain/strain, and bilateral wrist sprain/strain. Treatment has included bracing, medications, a home exercise program, physical therapy, and injection. The cervical spine examination noted midline with decrease in the cervical lordotic curvature. There was tenderness to palpation with spasm present over the cervical paravertebral musculature extending to the bilateral trapezius muscles, left greater than right. Axial head compression was positive on the left. Spurling sign was positive on the left. There was facet tenderness to palpation present over C4 through C7. There was bilateral shoulder pain noted in the acromioclavicular joints. There was also moderate tenderness to palpation present over the dorsal left wrist. The treatment request included Ultram and Neurontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER (extended release) 150 mg Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 74, 80-88.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Ultram ER (tramadol), California Pain Medical Treatment Guidelines state that Ultram is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the tramadol medication was improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for use of this medication in the ER formulation. In light of the above issues, the currently requested Ultram ER (tramadol) is not medically necessary.

Neurontin 600 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 ? 9792.26 Page(s): 16-21 of 127.

Decision rationale: Regarding request for gabapentin (Neurontin), Chronic Pain Medical Treatment Guidelines state that anti-epilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is no identification of any specific analgesic benefit (in terms of percent reduction in pain or reduction of NRS), and no documentation of specific objective functional improvement. Additionally, there is no discussion regarding side effects from this medication. In the absence of such documentation, the currently requested gabapentin (Neurontin) is not medically necessary.