

<b>Case Number:</b>	CM13-0046304		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	11/23/2001
<b>Decision Date:</b>	03/07/2014	<b>UR Denial Date:</b>	10/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 63-year-old male who reported injury on 11/23/2001. The mechanism of injury was not provided. The patient was noted to have an increase in pain since the last visit and to deny any new injury. The patient indicated that his activity level had decreased and the patient was taking his medications as prescribed and the medications were working well. The patient's diagnoses were noted include lumbar facet syndrome, post lumbar laminectomy syndrome, spinal/lumbar DDD, and low back pain. The patient was noted to be in the office for medication refills. As such, medications were requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Arthrotec 50 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Arthrotec Section Page(s): 70-71.

**Decision rationale:** The California MTUS guidelines recommend Arthrotec for the treatment of the signs and symptoms of osteoarthritis in patients at high risk for developing NSAID-induced gastric or duodenal ulcers and their complications. The clinical documentation submitted for

review indicated that the medication Arthrotec would be refilled. However, there was a lack of documentation of the objective benefit received from the medication. Additionally, there was lack of documentation indicating the patient had signs and symptoms of osteoarthritis. Given the above, the request for Arthrotec is not medically necessary.

**Gabapentin 300 mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 16.

**Decision rationale:** The California MTUS guidelines indicate that Gabapentin is shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The clinical documentation submitted for review indicated that the Gabapentin helped the patient with the tingling and numbness in the left leg and the patient could walk better with it. However, there is a lack of documentation of objective functional benefit. Additionally, the patient was noted to have an increased pain level and a decreased physical activity level. Given the above, the request for Gabapentin 300 mg #30 is not medically necessary.

**Ultram 50 mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol and Ongoing Management. Page(s): 82,93,78.

**Decision rationale:** The California MTUS states central analgesics drugs such as Tramadol (Ultram®) are reported to be effective in managing neuropathic pain and it is not recommended as a first-line oral analgesic. The California MTUS recommend that there should be documentation of the 4 A's for Ongoing Monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The clinical documentation submitted for review failed to provide documentation of the patient's objective ability to perform activities of daily living and function and mobility. There was a lack of documentation indicating the patient's analgesia level. Additionally, the patient's pain was noted to be increased and the activity level decreased. Given the above, the request for Ultram 50 mg #30 is not medically necessary.