

<b>Case Number:</b>	CM14-0103690		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	05/17/2001
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	06/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in Colorado. 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/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 injured worker is a 50 year old female who reported a work injury on 5/17/2001, no mechanism of injury provided. There are no diagnostic studies or surgical history provided for review. The 6/4/14 medical record reflects chief complaints of neck and low back pain with increased neck pain following a fall. Exam notes tenderness to palpation cervical paraspinals with multiple triggers, tenderness to palpation lumbar paraspinals, 5/5. The diagnosis is displacement of lumbar intervertebral disc, status post L4-S1 fusion, status post removal of hardware, cervical neck pain secondary to degenerative disc disease. Current medications are noted to be helping and include Ultram ER 150 milligrams, Neurontin 600 milligrams, Norflex 100 milligrams, Protonix 20 milligrams. The request is for Ultram extended release, Neurontin, Norflex, and Protonix.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram ER 150mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram), pg 119 Page(s): 119.

**Decision rationale:** Based on a review of the documents provided there is no clear documentation of the analgesic effects of the medication. There is no reporting of any functional benefit of the medication. There is no indication of adverse effects or aberrant behavior in the report provided. The Chronic Pain Medical Treatment Guidelines note that there should be clear documentation of the level of analgesia, effect on activities of daily living, documentation of aberrant side effects, and aberrant drug behavior. Thus, as there is no documentation as required by the guidelines and there is no indication of efficacy of use of this medication, it does not meet criteria of the guidelines and is therefore not medically necessary.

**Neurontin 600 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for neuropathic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin), Page(s): 52.

**Decision rationale:** The information provided does not establish the diagnosis for which this medication is recommended. While the clinic note reflects neck and back pain, there is no indication that this is a neuropathic (neurological) condition and there are no clinical findings consistent with neuropathic pain such as neural tension signs, changes in sensory status or radiculopathy. The use of this medication is indicated for neuropathic pain. The records reflect the worker has nociceptive (muscular) pain based on the Chronic Pain Medical Treatment Guidelines, the request is not medically necessary.

**Norflex 100mg #60:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain Medications, Acute and Chronic, Orphenadrine

**Decision rationale:** This medication is only recommended for short term use, not beyond 3 weeks. This medication is being prescribed on a chronic basis and can cause adverse effects of sedation and can potentiate the effects of narcotics. Thus, prescribing does not meet criteria of the ODG guidelines and is therefore is not medically necessary.

**Protonix 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines GI symptoms & cardiovascular risk, Page(s): 68.

**Decision rationale:** There is no documentation of high risk factors to support the use of this medication. The medical treatment guidelines note that this medication can be used in individuals with high risk for gastrointestinal events, age 65, or have a history of peptic ulcers. In that the conditions have not been identified or other high risk factors, the prescribing of this medication does not meet criteria of the medical treatment guidelines and is therefore not medically necessary.