

<b>Case Number:</b>	CM14-0055451		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	07/15/2002
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	04/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California. 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 39 year old female injured on 07/15/02 due to an undisclosed mechanism of injury. Diagnoses include chronic back pain, lumbar facet syndrome, lumbar spine degenerative disc disease and neck pain. Clinical note dated 06/23/14 indicates the injured worker presented complaining of neck pain and low back pain increased since previous visit following denial of Ultram. The injured worker reports quality of sleep poor, quality of life had worsened, and activity level had decreased. The injured worker reported difficulty caring for children, getting out of bed and cleaning around the house following discontinuation of Ultram. Documentation indicates the injured worker was approved for Butrans trial following discontinuation of Ultram; however, initiation of the trial had yet to take place. Medications included trazodone 50mg 1-2 tablets every night, Lidoderm 5% patch every day, Flexeril 10mg 1 tablet twice a day, Vicodin 5/300mg three times a day, Neurontin 300mg four times as day and Butrans 10mcg per hour every 7 days. The initial request for Vicodin 5/300mg #90 and Ultram ER 300mg #30 was initially non-certified on 04/08/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vicodin 5/300 MG # 90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

**Decision rationale:** Following review of the medical records provided the request for Vicodin 5/300mg # 90 is not supported as medically necessary. The request failed to provide a frequency and number of refills limiting the ability to assess the medical necessity of the medication. As such, the request for Vicodin 5/300mg # 90 cannot be recommended as medically necessary at this time.

**Ultram ER 300 MG # 30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines 2nd edition, page 116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

**Decision rationale:** Following review of the medical records provided the request for Ultram ER 300mg # 30 is not supported as medically necessary. The request failed to provide a frequency and number of refills limiting the ability to assess the medical necessity of the medication. As such, the request for Ultram ER 300mg # 30 cannot be recommended as medically necessary at this time.