

<b>Case Number:</b>	CM14-0068878		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	12/08/2009
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	04/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2014

### 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 and Nevada. 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 52 year old male who had a work related injury on 12/08/09. Mechanism of injury was not disclosed. There were no medical documents submitted for review from the requesting provider. The information I gathered was from previous utilization review. The claimant was status post C5-6 ACDF in 04/10 and L3 through L5 PLIF on 12/15/10. Notation was made in medical record of recent alcohol abuse and elevated liver function test and urine drug screen which was positive for alcohol. The injured worker had been on gabapentin, Norco, Ultram. There was no urine drug screen for review, and without the clinical records of the requesting provider, visual analog pain scale scores could not be determined with and without medications, or if the injured worker experienced any functional improvement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram ER 150mg no.30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 74-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Tramadol (Ultram®).

**Decision rationale:** The request for Ultram ER 150mg Quantity 30 is not medically necessary. There were no medical documents submitted for review from the requesting provider, other than electrodiagnostic report dated 10/3/13. Therefore, medical necessity for Ultram ER has not been established.

**Norco 10/325mg no. 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 74-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, opioids.

**Decision rationale:** The request for Norco 10/325mg no.60 is not medically necessary. There were no medical documents submitted for review from the requesting provider, other than electrodiagnostic report dated 10/3/13. Therefore, medical necessity for Norco has not been established.

**Neurontin 600mg no.90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AED's).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Antiepilepsy drugs (AEDs).

**Decision rationale:** The request for Neurontin 600mg no.90 is not medically necessary. There were no medical documents submitted for review from the requesting provider, other than electrodiagnostic report dated 10/3/13. Therefore, medical necessity for Neurontin has not been established.