

<b>Case Number:</b>	CM14-0073149		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	12/03/2008
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	04/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2014

### 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 Physical Medicine & Rehabilitation and is licensed to practice in 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 records presented for review, indicate that this 50-year-old male was reportedly injured on December 3, 2008. The mechanism of injury was a trip and fall. The most recent progress note, dated February 18, 2014, indicated that there were ongoing complaints of low back pain. Current medications include Viagra, Ultram, Neurontin, and ibuprofen. The physical examination demonstrated decreased lumbar spine range of motion and tenderness along the lumbar spine paravertebral muscles on the left greater than right side. Muscle spasms were noted. Motor strength was varied on the left and right between 3/5 and 5/5. There was decreased sensation over the right anterior thigh and in the bilateral L4 and L5 dermatomes. Current medications were renewed. Diagnostic imaging studies of the lumbar spine showed bilateral L5 spondylolysis with a Grade I L5-S1 spondylolisthesis and posterior fusion, and disc bulging at L4-L5 with facet hypertrophy. Previous treatment included a bilateral L5 laminectomy and posterior fusion at L5-S1 performed on June 4, 2009. A request was made for ibuprofen and Neurontin and was not certified in the pre-authorization process on April 28, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen 800mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63,69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 22.

**Decision rationale:** Ibuprofen is a nonselective, non-steroidal anti-inflammatory medication which has some indication for chronic low back pain. The most recent progress note, dated February 18, 2014, stated that this medication was working well. When noting the injured employee's diagnosis and signs/symptoms, there was a clinical indication for the use of this medication as noted in the applicable guidelines. This request for ibuprofen is medically necessary.

**Neurontin 300mg #90:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 16-20.

**Decision rationale:** The California MTUS considers Neurontin to be a first-line treatment for neuropathic pain. Based on the most recent progress note dated February 18, 2014, previous prescriptions of Neurontin were stated to be helpful. Additionally, the injured employee has complaints of neuropathic pain, and there were radicular findings on physical examination. As such, this request for Neurontin is medically necessary.

**Ultram 50mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80,84,95.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82, 113 of 127.

**Decision rationale:** The California MTUS guidelines support the use of Tramadol (Ultram) for short-term use after there is been evidence of failure of a first-line option, evidence of moderate to severe pain, and documentation of improvement in function with the medication. A review of the available medical records fails to document any improvement in function or pain level with the previous use of Tramadol. As such, the request for Ultram is not medically necessary.