

<b>Case Number:</b>	CM14-0082842		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	03/08/2000
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	05/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2014

### 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 Anesthesiologist, Pain Medicine and is licensed to practice in Florida. 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 55-year-old male who reported an injury on 03/08/2000. The mechanism of injury was not provided within the medical records. The clinical note dated 07/18/2004 indicated diagnoses of lumbar radiculopathy, degenerative disc disease of the lumbar area, lumbar discogenic spine pain, sprain/strain of the lumbar region, and facet arthropathy of the lumbar area. The injured worker reported pain to the lumbar area, bilateral pain that radiated to the knees partially. The injured worker reported an increase in low back pain with radiculopathy to the extremities. The injured worker reported his pain as occasional and stinging. The injured worker reported on a good day, his pain was rated 5/10 and on a bad day rated 8/10. The injured worker reported his pain was always the same. The injured worker reported factors that aggravated the pain were sitting and factors that alleviated his pain were rest and medication. On physical examination, the injured worker had decreased range of motion to the cervical area and thoracic area. On physical exam of the lumbar spine, there was moderately to severe bilateral paralumbar spasms with tenderness to palpation at the left sacroiliac joint with palpable Schmorl's nodes with decreased range of motion. The prior treatments included diagnostic imaging and medication management. The injured worker's medication regimen included Zofran, Senna, promethazine, Flexeril, and Ultram. The provider submitted a request for Ultram and Neurontin. A request for authorization was not submitted for review to include the date the treatment was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram 50mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 113..

**Decision rationale:** The request for Ultram 50mg #90 is not medically necessary. The California MTUS guidelines state tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. It was not indicated how long the injured worker had been utilizing this medication. In addition, the documentation submitted did not indicate the injured worker had a signed pain contract. Moreover, the request does not indicate a frequency for this medication. Therefore, the request for Ultram is not medically necessary.

**Neurontin 100mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines specific anti-epilepsy drugs Page(s): page 18.

**Decision rationale:** The request for Neurontin 100mg #30 is not medically necessary. The California MTUS guidelines recognize gabapentin/Neurontin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. It was not indicated if the injured worker had tried and failed a first line treatment. In addition, it was not indicated how long the injured worker had been utilizing this medication. Moreover, the request does not indicate a frequency for this medication. Therefore, the request is not medically necessary.