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| <b>Case Number:</b>   | CM15-0204183 |                              |            |
| <b>Date Assigned:</b> | 10/21/2015   | <b>Date of Injury:</b>       | 08/11/2010 |
| <b>Decision Date:</b> | 12/02/2015   | <b>UR Denial Date:</b>       | 09/25/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/16/2015 |

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 32 year old male, who sustained an industrial injury on 8-11-10. The injured worker was being treated for lumbosacral disc degeneration, spinal stenosis and depressive disorder. On 9-4-15 and 9-15-15, the injured worker complains of lumbar spine pain rated 8-9 out of 10. He notes the pain is improved with lying down or (TENS) unit. He is currently not working. Physical exam performed on 9-4-15 and 9-15-15 revealed tenderness to palpation of lumbar spine and bilateral straight leg raise was 50 degrees. Treatment to date has included (TENS) transcutaneous electrical nerve stimulator, activity modifications, lumbar steroid injections, oral medications including Gabapentin and Ibuprofen and pain management. On 9-15-15 request for authorization was submitted for Gabapentin 550mg (since at least 5-25-15), Ibuprofen 800mg (since at least 4-21-15) and Ultracet 37.5mg was modified to 30 tablets for weaning purposes (the quantity of all requested medications is unspecified).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 550 mg Qty: unspecified: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

**Decision rationale:** According to the MTUS guidelines: 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. Neurontin is also indicated for a trial period for CRPS, lumbar radiculopathy, Fibromyalgia and Spinal cord injury. In this case, the claimant does not have the stated conditions approved for Gabapentin use. Furthermore, the treatment duration was longer than recommended. There was no improvement in pain levels over several months of use. Gabapentin is not medically necessary.

**Ibuprofen 800 mg Qty: unspecified: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for several months without improvement in pain or function. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. Continued use of Ibuprofen is not medically necessary.

**Ultracet 37.5/325 Qty: unspecified: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain, Opioids, specific drug list.

**Decision rationale:** Ultracet contains Tramadol which is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Although it may be a good choice in those with back pain, the claimant's pain persisted over time while on the medication. He had been on NSAIDs as well. Long-term use is not recommended. Tylenol failure was not noted. The continued use of Ultracet as above is not medically necessary.