

<b>Case Number:</b>	CM15-0094860		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	10/29/2002
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	05/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 76 year old male who sustained an industrial injury on 10/29/02. Initial complaints and diagnoses are not available. Treatments to date include medications. Diagnostic studies are not addressed. Current complaints include chronic low back pain and left hip pain. Current diagnoses include chronic low back pain due to diffuse degenerative disc disease left hip pain due to degenerative arthritis, and chronic reactive airway disease, as well as status post complex bilateral inguinal hernia repair with possible damage to the left ilioinguinal nerve. In a progress note dated 04/13/15 the treating provider reports the plan of care as medications including Neurontin, Ultracet, and Celebrex, as well as home exercise program and activity modification. The requested treatments include Ultracet, Celebrex, and Neurontin. This medication regimen has been unchanged since at least 01/13/15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultracet 37.5/325mg TID #90 Refill: 3: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Weaning of medications Page(s): 78-80, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Opioids, specific drug list.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86.

**Decision rationale:** The claimant has a remote history of a work-related injury and continues to be treated for chronic low back and left hip pain. When seen, pain was rated at 6-7/10. There was severely decreased lumbar spine and bilateral hip range of motion. There was decreased lower extremity sensation. Ultracet (tramadol/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED (morphine equivalent dose) is less than 120 mg per day, there is no documentation that medications are providing decreased pain, increased level of function, or improved quality of life. Therefore, the continued prescribing of Ultracet was not medically necessary.

**Celebrex 200mg QD #30 Refill: 3:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68, 70.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 67-70.

**Decision rationale:** The claimant has a remote history of a work-related injury and continues to be treated for chronic low back and left hip pain. When seen, pain was rated at 6-7/10. There was severely decreased lumbar spine and bilateral hip range of motion. There was decreased lower extremity sensation. Oral NSAIDs (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain as in this case. The claimant is over 65 years old and guidelines recommend prescribing a selective COX-2 medication such as Celebrex. The maximum dose is 200 mg per day. In this case, the requested dose is in within guideline recommendations and therefore medically necessary.

**Neurontin 300mg QHS #30 Refill: 3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Specific anti-epilepsy drugs Page(s): 18-19.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-18.

**Decision rationale:** The claimant has a remote history of a work-related injury and continues to be treated for chronic low back and left hip pain. When seen, pain was rated at 6-7/10. There was severely decreased lumbar spine and bilateral hip range of motion. There was decreased lower extremity sensation. Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. When used for neuropathic pain, guidelines recommend a dose titration of greater than 1200 mg per day. In this case, the claimant's gabapentin dosing is not consistent with recommended guidelines and therefore ongoing prescribing at this dose is not medically necessary.