

<b>Case Number:</b>	CM13-0013727		
<b>Date Assigned:</b>	03/10/2014	<b>Date of Injury:</b>	04/04/2002
<b>Decision Date:</b>	08/01/2014	<b>UR Denial Date:</b>	08/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2013

### 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 ABFP and is licensed to practice in California. 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 patient is a 74 year old female claimant sustained a work related injury on 4/4/02 involving the head, neck, shoulders and knees. She has a diagnosis of cervical spinal stenosis with left sided radiculopathy, left shoulder rotatory cuff tendonitis and right shoulder adhesive capsulitis. She underwent a C3-C7 anterior discectomy with fusion. She had an addition diagnosis of breast cancer diagnosed in 2009 for which she is in remission. Her pain had been managed with NSAIDs since 2009 (Advil, Vytorin and Motrin) and opioids since 2010 ( Hydrocodone, Norco). She underwent knee surgery in April 2013 after a twisting injury and temporarily held her Motrin peri-operatively. A progress note on 7/22/13 indicated the claimant had constant and increasing pain in her neck and shoulders. She had pain in her knees and used a cane for walking. Exam findings revealed she had reduced range of motion of her neck and arms. She had lessening of pain with the use of medications. The treating physician resumed her Motrin at 600 mg -3 times a day # 90 with 3 refills and Ultram 50 mg every 8 hrs #90 with 3 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRESCRIPTION OF MOTRIN 600MG, #90 WITH 6 REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NSAIDS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and pg 68-73 Page(s): 68-73.

**Decision rationale:** Motrin is an NSAID. According to the MTUS guidelines, NSAIDs are recommended at the lowest dose for the shortest period for patients with moderate or severe pain in cases of chronic back pain and osteoarthritis. NSAIDs such as Naproxen are not superior to acetaminophen. The prolonged use of NSAIDs can also delay healing of soft tissues, muscles, ligaments, tendons and cartilage. For acute exacerbations of low back pain it is second line to acetaminophen. The claimant had been intermittently on NSAIDs for years. The continued use of Motrin with 6 refills is not indicated.

**PRESCRIPTION OF ULTRAM 50MG, #90 WITH 3 REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and pg 82-92 Page(s): 82-92.

**Decision rationale:** According to the MTUS guidelines, Opioids such as Tramadol for the treatment of chronic lumbar root pain: A limitation of current studies is that there are virtually no repeated dose analgesic trials for neuropathy secondary to lumbar radiculopathy. In addition, 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. In this case, the claimant had been on opioids over the years. The claimant had been given NSAIDs along with opioids and currently with Tramadol. There is also no evidence that one opioid is superior to another. Based on combination or opioid and NSAID use for a prolonged time, the continued use of Tramadol with 3 refills is not medically necessary.