

<b>Case Number:</b>	CM13-0046163		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/20/2013
<b>Decision Date:</b>	05/30/2014	<b>UR Denial Date:</b>	10/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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 49 year-old female who injured her back on 2/20/13 from lifting files. She has been diagnosed with cervical strain; lumbar strain, cervical spasm and lumbar disc disease. According to the 8/15/13 family medicine report from [REDACTED], the patient presents with 6/10 low back pain and sciatica down both lower extremities. She has had 9 sessions of PT, and takes Tramadol 50mg #20, Naproxen 500mg #20, Duraflex gel and Tylenol 500mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRAMADOL 50MG:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Opioids, specific drug list Page(s): 113, 75, 93-94.

**Decision rationale:** The patient presents with lower back pain and sciatica symptoms down both legs. I have been asked to review for use of Tramadol. On 10/23/13, [REDACTED] notes that Tramadol and Tylenol helps, but Naproxen did not. MTUS states: "This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the

reuptake of serotonin and norepinephrine. Central analgesics drugs such as Tramadol (Ultram<sup>®</sup>) are reported to be effective in managing neuropathic pain" MTUS also states: "Tramadol (Ultram<sup>®</sup>) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic". The records show that Tramadol was not used as first-line oral analgesic, the patient tried Tylenol and ibuprofen initially. The patient was reported to have sciatica, which is neuropathic pain. The use of Tramadol is in accordance with MTUS guidelines.

**NAPROXEN 500MG:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 47. Decision based on Non-MTUS Citation ODG, Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications. Page(s): 22.

**Decision rationale:** The patient presents with lower back pain and sciatica symptoms down both legs. The records show that the patient had been on Tylenol and ibuprofen, but ibuprofen was replaced with Naproxen. By 10/23/13 it was noted that Naproxen was not effective and it was discontinued. UR had denied Naproxen from the 10/2/13 progress report. I have been asked to review for use of Naproxen, apparently for the retrospective timeframe when it was trialed. MTUS states: "A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. " The physician would not have known that Naproxen would not be effective without the trial. The trial of Naproxen, prior to determining it was not effective, is appropriate, (prior to 10/23/13) and in accordance with MTUS guidelines. The use of Naproxen after 10/23/13 when it was found to be ineffective is not in accordance with MTUS.

**TYLENOL 500MG:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen (APAP)..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen (APAP). Page(s): 11-12.

**Decision rationale:** The patient presents with lower back pain and sciatica symptoms down both legs. I have been asked to review for use of Tylenol. On 10/23/13, [REDACTED] notes that Tramadol and Tylenol helps, but Naproxen did not. MTUS states: "Low back pain (chronic): Both acetaminophen and NSAIDs have been recommended as first-line therapy for low back pain" The use of Tylenol for chronic low back pain is in accordance with MTUS guidelines.