

<b>Case Number:</b>	CM14-0005745		
<b>Date Assigned:</b>	04/07/2014	<b>Date of Injury:</b>	11/05/2011
<b>Decision Date:</b>	07/02/2014	<b>UR Denial Date:</b>	12/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2014

### 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 Physical Medicine and Rehabilitation, 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 injured worker is a 41-year-old with an injury reported on November 5, 2011. The mechanism of injury was not provided within the clinical notes. The clinical note dated December 16, 2013, reported that the injured worker complained of a flare up of low back pain. The physical examination revealed straight leg raise was positive bilaterally, positive sensory deficit, and moderate reduction of lumbar range of motion. The injured worker's prescribed medication regimen included ibuprofen, butalbital APAP, and tramadol ER. The injured worker's diagnoses included lumbosacral spine sprain; radiculopathy right lower extremity; thoracic-dorsal spine sprain; contusion right ribs; bursitis/tendinitis left shoulder; left shoulder sprain. The provider requested ibuprofen for inflammation pain; butalbital APAP and tramadol ER for treatment of pain. The request for authorization was submitted on January 7, 2014. The injured worker's prior treatments included gym and pool therapy for strength and range of motion exercise.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**IBUPROFEN 800MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-INFLAMMATORY MEDICATIONS Page(s): 22.

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

**Decision rationale:** The injured worker complained of flare up of low back pain. The injured worker's prescribed medication list included ibuprofen, butalbital APAP, and tramadol ER. The C Chronic Pain Medical Treatment Guidelines recognize anti-inflammatories as the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. It was noted the provider requested ibuprofen for the treatment of inflammation pain. The Chronic Pain Medical Treatment Guidelines recognize anti-inflammatories as the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. There is a lack of information provided documenting the efficacy of ibuprofen as evidenced by decreased inflammatory pain and significant objective functional improvements. Furthermore, the requesting provider did not specify the utilization frequency or quantity of the medication being requested. The request for Ibuprofen 800 mg is not medically necessary or appropriate.

**BUTALBITAL/APAP:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines BARBITURATE CONTAINING ANALGESIC AGENTS (BCAs) Page(s): 23.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs) Page(s): 23.

**Decision rationale:** The injured worker complained of a flare up of low back pain. The injured worker's prescribed medication regimen included ibuprofen, butalbital APAP, and tramadol ER. Butalbital is a barbiturate with an intermediate duration of action and is often combined with other medications, such as acetaminophen or aspirin, and is commonly prescribed for the treatment of pain and headache. The Chronic Pain Medical Treatment Guidelines do not recommend barbiturate-containing analgesic agents (BCAs) for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. There is a risk of medication overuse as well as rebound headache. There is a lack of information provided documenting the efficacy of butalbital/APAP as evidenced by decreased pain and significant objective functional improvements. Furthermore, the requesting provider did not specify the utilization frequency, dosage or quantity of the medication being requested. In addition, butalbital/APAP is not recommended per the guidelines. The request for Butalbital/APAP is not medically necessary or appropriate.

**TRAMADOL ER 150MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 80.

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

**Decision rationale:** The injured worker complained of flare up of low back pain. The injured worker's prescribed medication regimen included ibuprofen, butalbital APAP, and tramadol ER. The Chronic Pain Medical Treatment Guidelines states that Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. It was noted the provider requested tramadol ER for the treatment of pain. There is a lack of information provided documenting the efficacy of tramadol ER as evidenced by decreased pain and significant objective functional improvements. Furthermore, the requesting provider did not specify the utilization frequency or quantity of the medication being requested. The request for Tramadol ER 150 mg is not medically necessary or appropriate.