

<b>Case Number:</b>	CM14-0019160		
<b>Date Assigned:</b>	04/23/2014	<b>Date of Injury:</b>	08/14/1998
<b>Decision Date:</b>	07/03/2014	<b>UR Denial Date:</b>	01/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/14/2014

### 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 Anesthesiology 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:

This is a 52-year-old male patient with a 08/14/1998 date of injury. 1/14/2014 progress report indicated the patient was diagnosed with disc herniation L4-5, disc bulge L5-S1, right L5 radiculopathy. Physical exam demonstrated tenderness over the right sciatic nerve. He was taking Tramadol, Ibuprofen and Omeprazole. There is documentation of a previous adverse determination on 01/20/2014, based on the fact that there was no documented response to ibuprofen. There was also a lack of documented monitoring for symptomatic and functional effectiveness of opioid pain medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**IBUPROFEN 800MG #100:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67.

**Decision rationale:** The MTUS Chronic Pain Guidelines states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks,

they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, the ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. The patient presented with the pain in the lower back. He was prescribed with Tramadol, Ibuprofen and Omeprazole. However, there was no evidence of efficacy of previous Ibuprofen treatment. In addition, there is no documentation of absence of side effects. Therefore, the request is not medically necessary.

**TRAMADOL 50MG #200:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ongoing opioid management Page(s): 78-81.

**Decision rationale:** The MTUS Chronic Pain Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, the MTUS Chronic Pain Guidelines states that Tramadol (Ultram) is not recommended as a first-line oral analgesic. The patient presented with pain in the lower back, neck and knee. His prescriptions included Tramadol. However, there was no documentation of trial of first-line oral analgesics. In addition, there is no established timeline of previous Tramadol prescriptions. There is no detailed assessment or documentation of strict adherence to the four domains of ongoing narcotic management within the medical records provided for review. Therefore, the request is not medically necessary and appropriate.