

<b>Case Number:</b>	CM14-0019478		
<b>Date Assigned:</b>	04/21/2014	<b>Date of Injury:</b>	11/29/2012
<b>Decision Date:</b>	07/02/2014	<b>UR Denial Date:</b>	01/30/2014
<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 Physical Medicine & Rehabilitation, and is licensed to practice in Texas and Oklahoma. 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 48 year old female who reported an injury on 11/29/2012, due to a slip and fall. The clinical note dated 09/09/2013 presented the injured worker with constant low back pain that radiated to the buttocks, numbness and tingling in her right foot, right hip pain, right knee pain and ankle pain. The injured workers physical exam revealed bilateral knee and right sciatic notch tenderness. The injured worker was diagnosed with right knee internal derangement, musculoligamentous sprain of the lumbar spine with right lower extremityradiculitis, a herniated disc at L5-S1 and L4-L5, right hip internal derangement, right hiprochanteric bursitis, right hip strain, right ankle ligamentous injury, right ankle effusion, and right knee small tear lateralmeniscus. The provider recommended Ibuprofen 800MG andTramadol 50MG. The request for authorization form was not included in this review.

### 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 NSAIDS Page(s): 72.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-73.

**Decision rationale:** The request for Ibuprofen 800MG #100 is not medically necessary. The California MTUS guidelines recommend the use of NSAID's as an option for short term symptomatic pain relief. The included medical documents note that the injured worker has been taking Ibuprofen since at least 09/09/2013, which would exceed the guideline recommendation of short term pain relief. There is also a lack of a complete and adequate pain assessment and documentation of significant functional improvement to adequately measure the effectiveness of this medication. Therefore, the request is not medically necessary.

**TRAMADOL 50MG #200:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 93-94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS FOR OSTEOARTHRITIS Page(s): 83-84.

**Decision rationale:** The request for a Tramadol 50MG is not medically necessary. The guidelines note that Tramadol decreased pain, intensity, produced symptom relief, and improved function for a time period of up to three months, but the benefits were only a 12% decrease in pain intensity from baseline. There are no long-term studies to allow for recommendations for longer than three months. The included medical documents note that the injured worker has been taking Tramadol since at least 09/09/2013, which would exceed the guideline recommendation of a 3 month period. There is also a lack of a complete and adequate pain assessment and documentation of significant functional improvement to adequately measure the effectiveness of this medication. Therefore, the request is not medically necessary.