

<b>Case Number:</b>	CM14-0164743		
<b>Date Assigned:</b>	10/09/2014	<b>Date of Injury:</b>	02/15/2012
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	09/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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 Occupational Medicine 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 58 year old male with a date of injury on February 15, 2012. It was indicated that on that date, he was involved on a rear-end motor vehicle accident in which he sustained injuries to the neck and back. He was diagnosed with (a) cervicalgia, (b) cervical facet dysfunction, (c) lumbago, (d) lumbar facet dysfunction, (e) myalgia and (f) thoracic spine pain. In a progress note dated August 27, 2014 it was indicated that he complained of continued neck and lower back pain which he rated to be at 2-3 out of 10 on the pain scale. The pain was worse with turning his head and extending the neck. He also noted that his pain was very sharp in nature and he continued to have stiffness. It was also indicated that he started to have chiropractic sessions which was helpful. His medications included ibuprofen and tramadol which were helpful in alleviating his pain symptoms. On examination, facet loading and Spurling's tests were noted to be positive and tenderness was noted over cervical paraspinal muscles, lumbar paraspinal muscles and thoracic spine paraspinal muscles. Review of the magnetic resonance imaging scan of the lumbar spine showed a 2-millimeter disc bulge at the L4-L5 and L5-S1. Review of the magnetic resonance imaging scan of the cervical spine showed 1-millimeter disc bulge at C3-C4 and C5-C6. Authorization for the medications Tramadol 150mg, #60 was requested. This is a review of the requested Tramadol 150mg, #60 and Ibuprofen 800mg, #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, long-term assessment Page(s): 88.

**Decision rationale:** The medical records received have limited information to support the necessity of Tramadol 50mg at this time. Medical records provided did not indicate functional improvement in the continued utilization of the medication. Although the injured worker stated that this medication has been helpful, objective findings were lacking such as decrease in pain level, increased in range of motion and increase in ability to do activities of daily living as set forth in the evidence-based guidelines as criteria for continued opioid use. Moreover, per California Medical Treatment Utilization Schedule, Tramadol is not recommended as a first-line therapy. The documentation submitted did not indicate that the claimant has tried and failed the use of first-line therapy because from the very start of treatment, Tramadol was already included in his pharmacologic regimen. With these considerations, it can be concluded that the request for Tramadol 50mg, #600 is not medically necessary at this time.

**Ibuprofen 800mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI Symptoms & C.

**Decision rationale:** Evidenced-based guidelines indicate that ibuprofen which is an anti-inflammatory medication is considered to be the traditional first line treatment to reduce mild to moderate pain, however it also indicated that doses greater than 400 mg have not provided greater relief of pain. In the medical records submitted for review, absent was the documentation of trial and failure of 400 mg Ibuprofen in providing pain relief. There was also no indication of objective or quantitative measures with regard to decrease in pain levels or increased in functional improvement with the continued use of the 800-milligram Ibuprofen. Based on these reasons, the medical necessity of the requested Ibuprofen 800 milligrams #90 is not established, and the request is not considered medically necessary.