

<b>Case Number:</b>	CM14-0039599		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	09/21/2013
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	03/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/04/2014

### 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 Pain 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 female with an unknown date of birth who reported an injury on 09/21/2013. The mechanism of injury was not provided within the review. Diagnosis was noted to be non-specific myofascial pain syndrome. Prior treatment was noted to be chiropractic care, acupuncture, and medications. Diagnostic testing included an MRI and an EMG. A clinical evaluation was not supplied with this case review. The rationale for the request was not provided and a Request for Authorization Form was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol HCL/Acetaminophen 37.5/325mg #30 with 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for osteoarthritis Page(s): 83.

**Decision rationale:** The request for Tramadol HCL/Acetaminophen 37.5/325mg is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines indicate tramadol as a centrally acting synthetic opioid analgesic and it is not recommended as a first line oral analgesic. The combination of tramadol and acetaminophen is considered a weak

opioid and should be considered at initiation of treatment with this class of drugs. The clinical documentation was missing with this case review. Therefore, the request for Tramadol HCL/Acetaminophen 37.5/325mg is not medically necessary.

**Voltaren-XR 100mg #30 with 1 refill:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Nonselective NSAIDS Page(s): 71.

**Decision rationale:** The request for Voltaren-XR 100mg is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines indicate Voltaren XR can be used once daily for chronic therapy. The guidelines state specifically that this extended release should only be used as chronic maintenance therapy. It is unclear if the injured worker is in a maintenance stage of therapy because there are no clinical notes provided with this review. Therefore, the request for Voltaren-XR 100mg is not medically necessary.

**Naproxen 500mg #40 with 1 refill:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen Page(s): 66.

**Decision rationale:** The request for Naproxen 500mg is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines state naproxen is a non-steroidal anti-inflammatory drug for the relief of signs and symptoms of osteoarthritis. The documentation submitted for review does not contain a clinical evaluation. It is unclear if the injured worker has osteoarthritis. In addition, the provider's request does not indicate a dosage frequency. As such, the request for Naproxen 500mg is not medically necessary.