

<b>Case Number:</b>	CM15-0138356		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	07/20/2012
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	07/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 44-year-old male who sustained an industrial injury 07/20/2012. Diagnoses/impressions include chronic cervical strain. Treatment to date has included medications, physical therapy, acupuncture, cervical pillow, cold packs, facet joint blocks and chiropractic. Chiropractic, acupuncture, physical therapy and facet joint blocks were not beneficial. MRI of the cervical spine on 4/12/13 showed degenerative cervical spondylosis at C5 resulting in mild right-sided foraminal stenosis. According to the progress notes dated 5/4/15, the IW reported constant, moderate, dull, burning neck pain and headache rated 2-8/10. On examination, there was tenderness to palpation in the neck. A request was made for Tramadol-Acetaminophen 37.5-325mg, #180 and Nabumetone 750mg, #180 for treatment of pain and inflammation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol Acetaminophen 37.5/325 quantity 180:** 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 (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

**Decision rationale:** The claimant sustained a work-related injury in July 2012 and continues to be treated for chronic neck pain and headaches. When seen, pain was rated at 2-8/10. There was cervical spine tenderness and decreased range of motion. The claimant had reached maximum medical improvement. Follow-up in 6 months was planned. Tramadol/acetaminophen is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, increased level of function, or improved quality of life. Continued prescribing was not medically necessary.

**Nabumetone 750mg quantity 180:** 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 NSAIDs, specific drug list & adverse effects, p68-73 Page(s): 68-73.

**Decision rationale:** The claimant sustained a work-related injury in July 2012 and continues to be treated for chronic neck pain and headaches. When seen, pain was rated at 2-8/10. There was cervical spine tenderness and decreased range of motion. The claimant had reached maximum medical improvement. Follow-up in 6 months was planned. Oral NSAIDS (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Guidelines recommend a maximum dose of Relafen of 2000 mg/day. The recommended starting dose is 1000 mg. In this case, the quantity and dose requested (750 mg #180 for 6 months) is not consistent with that recommended and therefore cannot be accepted as being medically necessary.