

<b>Case Number:</b>	CM15-0139159		
<b>Date Assigned:</b>	07/29/2015	<b>Date of Injury:</b>	11/20/1992
<b>Decision Date:</b>	09/24/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 62 year old female, who sustained an industrial injury on November 20, 1992. She reported neck pain, bilateral shoulder pain, low back pain, sciatic pain and bilateral lower extremity pain. The injured worker was diagnosed as having status post multilevel lumbar laminectomy with fusion with bilateral sacroiliac radiculopathies. Treatment to date has included diagnostic studies, surgical intervention of the lumbar spine, lumbar spine injections, sacroiliac injections, conservative care, medications and work restrictions. Currently, the injured worker continued to report neck pain, bilateral shoulder pain, low back pain, sciatic pain and bilateral lower extremity pain with associated tingling and numbness. The injured worker reported an industrial injury in 1992, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on August 4, 2014, revealed continued pain as noted. She reported the cervical pain and the lumbar pain were increasing in frequency. She reported Tramadol caused nausea. She also reported she used ibuprofen. It was noted prolonged standing made the back pain worse. It was also noted previous bladder stimulator was removed. It had been placed secondary to urinary incontinence after a back injury years earlier. Tramadol 50mg #90 (90 day refill) and Ibuprofen 800mg #180 (90 day refill) were requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen 800mg #180 (90 day refill): 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 Page(s): 22.

**Decision rationale:** The current request is for Ibuprofen 800mg #180 (90 day refill). The RFA is dated 06/15/15. Treatment to date has included diagnostic studies, surgical intervention of the lumbar spine, lumbar spine injections, sacroiliac injections, conservative care, medications and work restrictions. The patient is not working. MTUS, under Anti-inflammatory Medications on page 22 states: "Anti-inflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of nonselective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." Currently, the injured worker continued to report neck pain, bilateral shoulder pain, low back pain, sciatic pain and bilateral lower extremity pain with associated tingling and numbness. The treater reported on 03/15/15 that the patient has limited tolerance for medication but has been able to tolerate, to some degree, Ibuprofen. The patient has been prescribed Ibuprofen since 02/13/13. There are gaps in medical records. MTUS Chronic Pain Guidelines under MEDICATIONS FOR CHRONIC PAIN, page 60, states: "A record of pain and function with the medication should be recorded" when medications are used for chronic pain. There is no discussion regarding pain or change in function with using ibuprofen. Given this patient has been using this medication chronically, with no documentation of specific efficacy and functional benefit, the request IS NOT medically necessary.

**Tramadol 50mg #90 (90 day refill): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88, 89.

**Decision rationale:** The current request is for Tramadol 50mg #90 (90 day refill). The RFA is dated 06/15/15. Treatment to date has included diagnostic studies, surgical intervention of the lumbar spine, lumbar spine injections, sacroiliac injections, conservative care, medications and work restrictions. The patient is not working. MTUS, CRITERIA FOR USE OF OPIOIDS, pages 88 and 89 states: "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and

duration of pain relief. MTUS page 77 states: "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." Currently, the injured worker continued to report neck pain, bilateral shoulder pain, low back pain, sciatic pain and bilateral lower extremity pain with associated tingling and numbness. The treater reported on 03/15/15 that the patient has limited tolerance for medication but has be able to tolerate, to some degree, Ibuprofen. This is a request for refill of Tramadol. The patient has been prescribed Tramadol since 08/06/14. There are gaps in medical records. MTUS requires appropriate discussion of all the 4As; however, in addressing the 4As, the treater does not discuss how this medication significantly improves patient's activities of daily living. No validated instrument is used to show functional improvement and there are no documentation regarding adverse effects and aberrant drug behavior. No UDS, CURES or opioid contract are provided. Given the lack of documentation as required by MTUS, the request does not meet guidelines indication. Therefore, the request IS NOT medically necessary.