

<b>Case Number:</b>	CM15-0141149		
<b>Date Assigned:</b>	07/30/2015	<b>Date of Injury:</b>	07/21/2012
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	06/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 52 year old male who sustained an industrial/work injury on 7-21-12. He reported an initial complaint of low back pain. The injured worker was diagnosed as having lumbosacral strain and multilevel disk disease. Treatment to date includes medication, physical therapy, epidural steroid injections. MRI results were reported in 2012 showed disc protrusion at L4-5 with some moderate spinal stenosis and mild bilateral neuroforaminal narrowing, mild posterior disc protrusion with mild bilateral neuroforaminal narrowing and no significant central stenosis and no nerve root compression. Currently, the injured worker complained of continued pain in lumbar region. Per the primary physician's report (PR-2) on 6/9/15, exam noted dorso-lumbar spine flexion 70 degrees, extension 10 degrees, right and left bending 20 degrees, negative straight leg raise, negative Faber's, motor strength 5- over 5, reflexes are 2+ at patellar and Achilles. The requested treatments include Ibuprofen 800 mg, Tramadol 50 mg, and transfer of care to pain management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen 800 mg #60 with 1 refill: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 102.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Nonselective NSAIDS Page(s): 107.

**Decision rationale:** According to MTUS guidelines, Chronic Pain Medical Treatment Guidelines chapter, Nonselective NSAIDS section, Ibuprofen is indicated for pain management of breakthrough of neck or back pain. The medication should be used at the lowest dose and for a short period of time. There is no documentation that the patient developed exacerbation of his pain. There is no documentation that the lowest dose and shortest period is used for this patient. Although the patient developed a chronic pain that may require Ibuprofen, there is no documentation that the provider recommended the lowest dose of Ibuprofen for the shortest period of time. There is no documentation of pain and functional improvement with previous use of Ibuprofen. There is no documentation that the patient failed acetaminophen. There is no documentation of continuous monitoring of ibuprofen side effects including GI and renal side effects. Therefore, the prescription of Ibuprofen 800 mg #60 with 1 refill is not medically necessary.

**Tramadol 50 mg #30 with1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 145.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

**Decision rationale:** According to MTUS guidelines, Ultram (Tramadol) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework." There is no clear recent and objective documentation of pain and functional improvement in this patient with previous use of Tramadol. There is no recent documentation of continuous monitoring of the patient compliance with his medications. Therefore, the prescription of Tramadol 50 mg #30 with1 refill is not medically necessary.

**Transfer of care to pain management:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Independent Medical Examination and Consultations chapter 7 page 127.

**Decision rationale:** According to ACOEM Practice Guidelines, Independent Medical Examination and Consultations Chapter, consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and parent residual loss and or the examinee's fitness for return to work, as criteria necessary to support the medical necessity of consultation. A referral to a specialist may be needed if the diagnosis is uncertain or extremely complex, if psychological factors are present, or when the plan or course of care may benefit from additional expertise. There is no clear documentation that the complexity of this case requires a transfer of care to a pain management specialist. The patient may need an evaluation by a pain specialist and based on that evaluation, a recommendation for the management of the patient or a transfer of care could be considered. Therefore, the request for Transfer of care to pain management is not medically necessary.