

<b>Case Number:</b>	CM15-0142394		
<b>Date Assigned:</b>	08/03/2015	<b>Date of Injury:</b>	03/12/1999
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	07/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2015

### 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:

This 65 year old male sustained an industrial injury on 3-12-99. He subsequently reported back, neck and shoulder pain. Diagnoses include left shoulder impingement syndrome, lumbar discopathy and lumbar radiculopathy. Treatments to date include x-ray and MRI testing, injections, physical therapy and prescription pain medications. The injured worker continues to experience low back pain that radiates to the bilateral legs with numbness and tingling. Upon examination, there was left shoulder acromioclavicular joint tenderness. Neer's, Hawkin's and O'Brien's tests are positive. Examination of the lumbar spine reveals positive tenderness in the lumbar paraspinal musculature. There is decreased range of motion secondary to pain and stiffness. Supine straight leg raise test is positive at 20 degrees bilaterally. A request for Nalfon (Fenoprofen Calcium) 400 mg Qty 90 and Ultram ER extended release (Tramadol HCL ER) 150 mg Qty 90 was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nalfon (Fenoprofen Calcium) 400 mg Qty 90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non steroidal anti inflammatory drugs).

**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 March 2099 and is being treated for radiating low back pain and left shoulder pain. When seen, he was having bille radiating symptoms. There was left shoulder acromioclavicular joint tenderness with positive impingement testing. There was decreased lumbar range of motion with tenderness and positive straight leg raising. There was decreased lower extremity sensation. Oral NSAIDS (nonsteroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Dosing of Nalfon (Fenoprofen) is 300-600mg 3 to 4 times per day with a maximum daily dose of 3200mg. In this case, the requested dosing is within guideline recommendations and medically necessary.

**Ultram ER extended release (Tramadol HCL ER) 150 mg Qty 90:** Upheld

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

**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 March 2099 and is being treated for radiating low back pain and left shoulder pain. When seen, he was having bille radiating symptoms. There was left shoulder acromioclavicular joint tenderness with positive impingement testing. There was decreased lumbar range of motion with tenderness and positive straight leg raising. There was decreased lower extremity sensation. Ultram ER (tramadol) is a sustained release opioid used for treating baseline 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.