

<b>Case Number:</b>	CM15-0148983		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	02/10/2009
<b>Decision Date:</b>	09/15/2015	<b>UR Denial Date:</b>	07/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2015

### 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 York

Certification(s)/Specialty: Anesthesiology

### 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 61 year old male, who sustained an industrial injury on February 10, 2009. He reported that when pulling his motorcycle up onto its center stand he felt a strain to his anterior elbow up into his right shoulder and up into his right neck region. The injured worker was diagnosed as having shoulder joint pain, lumbar degenerative disc disease, lumbar facet arthropathy, and sciatica. Treatments and evaluations to date have included chiropractic treatments, x-rays, epidural steroid injection (ESI), MRI, right shoulder surgery, and medication. Currently, the injured worker reports chronic low back pain radiating to the right leg with chronic right shoulder and arm pain. The Treating Physician's report dated July 17, 2015, noted the injured worker reported his pain level as 7 out of 10 with constant pain in his back and frequent in his arm. The injured worker was noted to be using Ibuprofen, Nortriptyline, and Tramadol, noting the injured worker reported the medications were not very effective with the Ibuprofen causing stomach issues and the tramadol not giving him solid pain relief. Physical examination was noted to show the injured worker with a slow and right antalgic gait with right L5 and S1 diminished sensation to pain. The right shoulder range of motion (ROM) was noted to be decreased and the low back was noted to have a positive facet loading tests and a right straight leg raise positive. The treatment plan was noted to include a recommendation to decrease the Ibuprofen, and that the Tramadol should be stopped after getting other medications approved, as the next month the Physician would be requesting authorization for Norco to replace the Tramadol. The Physician requested authorization for a lumbar epidural steroid injection (ESI)

with plans to see the injured worker every two months. The Physician prescribed Tramadol, Nortriptyline, and Ibuprofen.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Tramadol 50 mg Qty 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 93.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** According to the CA MATUS, ongoing management of opioid therapy should include the lowest possible dose prescribed to improve pain and function, and ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management...and a reduction in the dependency on continued medical treatment." On-going management should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, and use of drug screening with issues of abuse, addiction, or poor pain control. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. Satisfactory response to treatment may be indicated by the injured worker's decreased pain, increased level of function, or improved quality of life. The guidelines note to continue opioids when the injured worker has returned to work, and if the injured worker has improved functioning and pain. Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. The injured worker was noted to have been prescribed Tramadol without documentation of objective, measurable improvement in the injured worker's pain, function, ability to perform specific activities of daily living (ADLs), quality of life work status, or dependency on continued medical care with use of the Tramadol. The injured worker reported the Tramadol had not given him solid pain relief. The documentation did not include a pain assessment that included the least reported pain over the period since last assessment, average pain, and the intensity of pain after taking the Tramadol, how long it takes for pain relief, or how long the pain relief lasts. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic requires a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.

**Ibuprofen 600 mg Qty 240:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ibuprofen (Motrin, Advil) Page(s): 51, 72.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68, 70, 72.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines notes all chronic pain therapies are focused on the goal of functional restoration rather than merely the elimination of pain, and assessment of treatment efficacy is accomplished by reporting functional improvement. The MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management... and a reduction in the dependency on continued medical treatment." The guidelines recommend non-steroid anti-inflammatory drugs (NSAIDs) for chronic low back pain as an option for short-term symptomatic relief, and for osteoarthritic pain recommended at the lowest dose for the shortest period in patients with moderate to severe pain. The guidelines note there is no evidence of long-term effectiveness for pain or function with use of non-steroid anti-inflammatory drugs. "Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. Routine blood pressure monitoring is recommended". The injured worker was noted to have been prescribed Ibuprofen without documentation of improvement in pain, function, specific activities of daily living (ADLs), work status, or dependency on medical care with use of the medication. The injured worker reported the Ibuprofen was causing stomach issues, with the physician decreasing the dosage of the Ibuprofen. The documentation provided did not include any laboratory evaluations or evaluation of the injured worker's liver function tests. Based on the guidelines, the documentation provided did not support the medical necessity for the requested Ibuprofen. The requested medication is not medically necessary.