

<b>Case Number:</b>	CM15-0161203		
<b>Date Assigned:</b>	08/28/2015	<b>Date of Injury:</b>	12/17/2012
<b>Decision Date:</b>	10/15/2015	<b>UR Denial Date:</b>	07/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2015

### 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: Emergency 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 47 year old female injured worker suffered an industrial injury on 12-17-2012. The diagnoses included cervical and lumbar strain and calcaneous strain. The treatment included physical therapy and medications. On 6-15-2015, the treating provider reported chronic pain over the cervical and lumbar spine. The injured worker had not returned to work. Provided documentation is exceedingly poor with no details on complaints, no pain assessment and very brief/limited exam and limited assessment and plan documented. The requested treatments included Naproxen and Ultram.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen Sodium 550 mg Qty 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** As per MTUS chronic pain guidelines, NSAIDs are recommended for short-term pain relief. There are significant side effects with chronic use. Patient has been using this chronically. Provider has not documented anything related to improvement in pain or functional status. The lack of any documentation does not support continued use of Naproxen. Therefore, the request is not medically necessary.

**Ultram (Tramadol) ER (extended release) 150 mg Qty 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** Tramadol is a direct Mu-agonist, an opioid-like medication. Patient has chronically been on tramadol. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails all criteria. Provider has not documented a single required criteria in the last 4 visits. Poor documentation does not support continued use of tramadol. Therefore, the request is not medically necessary.