

<b>Case Number:</b>	CM15-0163625		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	05/18/2010
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	07/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 59-year-old male who sustained an industrial injury on 5-18-10. His initial complaints and the nature of the injury are not available for review. The PR-2, dated 3-17-15, indicates that the injured worker has diagnoses of left shoulder impingement syndrome and lumbosacral sprain and strain. The report indicates that he continued to complain of left shoulder pain, as well as "worsening" lumbar spine pain. The lumbar spine pain was noted to radiate to both feet and heels. He complained of pain and numbness to both legs. The treatment recommendations were for Tramadol, Naproxen, an updated MRI of the lumbar spine due to "worsening degenerative disc disease at L3-4 and L4-5", re-evaluation by a spine specialist, and other recommendations that are illegible for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg, 1 by mouth every 6-8 hours as needed, QTY: 60, dispensed 06/30/15:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

**Decision rationale:** Tramadol 50mg, 1 by mouth every 6-8 hours as needed, QTY: 60, dispensed 06/30/15 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted does not reveal the above pain assessment. The documentation reveals that the patient has been on Tramadol without evidence of significant functional improvement therefore the request for continued Tramadol is not medically necessary.

**Naproxen 500mg, 1 by mouth twice a day, QTY: 60, dispensed 06/30/15:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

**Decision rationale:** Naproxen 500mg, 1 by mouth twice a day, QTY: 60, dispensed 06/30/15 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that NSAIDs are recommended as an option at the lowest dose for short-term symptomatic relief of chronic low back pain, osteoarthritis pain, and for acute exacerbations of chronic pain. Additionally NSAIDs have associated risk of adverse cardiovascular events, new onset or worsening of pre-existing hypertension, ulcers and bleeding in the stomach and intestines at any time during treatment, elevations of one or more liver enzymes may occur in up to 15% of patients taking NSAIDs and may compromise renal function. The documentation indicates that the patient has been on Naproxen for an extended period without documented evidence of functional improvement and with persistent pain. The request for continued Naproxen is not medically necessary, as there is no evidence of long-term effectiveness of NSAIDs for pain or function. The request for continued Naproxen is not medically necessary.