

<b>Case Number:</b>	CM15-0169549		
<b>Date Assigned:</b>	09/10/2015	<b>Date of Injury:</b>	01/27/2012
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	08/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2015

### 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 injured worker is a 54 year old male, who sustained an industrial injury on 01-27-2012. The injured worker was diagnosed as having head trauma, headache, cervical pain, lumbar pain and status post-surgery-right shoulder. On medical records dated 05-01-2015, 06-16-2015 and 07-10-2015 the subjective findings noted constant moderate sharp headache, constant neck pain, intermittent low back pain, and intermittent serve sharp right shoulder pain with numbness. Objective findings cervical spine was noted to have a decreased range of motion, compression caused pain, and foraminal compression caused pain on the right. Lumbar spine revealed a decreased range of motion was noted and Kemp's test was positive for pain and straight leg raise caused pain on the left. Right shoulder was noted to have pain with paraspinous press and shoulder apprehension caused pain as well. The injured worker was noted to be on modified duty. The injured worker underwent laboratory studies. Current medication included Tramadol, Ibuprofen, Topical Creams and Cyclobenzaprine. The Utilization Review (UR) dated 08-03-2015. The UR submitted for this medical review indicated that the request for Ibuprofen 800 mg #90 and Tramadol 100 mg #60 were non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen 800mg 1 by mouth every 6 hours as needed #90:** Overturned

**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), NSAIDs, specific drug list & adverse effects.

**Decision rationale:** The claimant sustained a work injury in January 2012 and continues to be treated for cervical and lumbar spine pain with upper and lower extremity numbness, lower extremity tingling and weakness, radiating right shoulder pain, and headaches. When seen, although medications are referenced as providing pain relief, pain was rated at a constant 9/10. Physical examination findings included decreased and painful cervical and lumbar spine range of motion with positive cervical compression testing, left straight leg raising, and Kemp's testing. There was decreased and painful right shoulder range of motion with positive apprehension and supraspinatus press tests. Ibuprofen, tramadol ER, cyclobenzaprine, and topical creams were prescribed. Oral NSAIDs (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Recommended dosing of ibuprofen ranges from 1200 mg per day and should not exceed 3200 mg/day. In this case, the requested dosing is within guideline recommendations and medically necessary.

**Tramadol 100mg 1 by mouth every day #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:** The claimant sustained a work injury in January 2012 and continues to be treated for cervical and lumbar spine pain with upper and lower extremity numbness, lower extremity tingling and weakness, radiating right shoulder pain, and headaches. When seen, although medications are referenced as providing pain relief, pain was rated at a constant 9/10. Physical examination findings included decreased and painful cervical and lumbar spine range of motion with positive cervical compression testing, left straight leg raising, and Kemp's testing. There was decreased and painful right shoulder range of motion with positive apprehension and supraspinatus press tests. Ibuprofen, tramadol ER, cyclobenzaprine, and topical creams were prescribed. Tramadol ER 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, an increased level of function, or improved quality of life. Continued prescribing was not medically necessary.