

<b>Case Number:</b>	CM15-0184171		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	12/07/2002
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	08/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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: Pennsylvania, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 68 year old male with a date of injury on 12-07-2002. The injured worker is undergoing treatment for L5-S1 disc degeneration, and left L5 radiculopathy. Comorbidities include anemia and hypertension. A physician progress note dated 08-13-2015 documents the injured worker has continued lumbar pain that has not improved significantly. He rates her pain as 8 out of 10 and it is aching and burning. A prior steroid injection gave him 6 months of relief. At this point, the injured worker does not desire to proceed with further epidural steroid injections. Lumbar range of motion is restricted. There is positive paravertebral tenderness with a feeling of stretching and pulling into the left leg. There is decreased sensory exam on the left leg. There is documentation that the injured worker has been on Tramadol and Ibuprofen since at least 12-26-2012. Treatment to date has included diagnostic studies, medications, epidural steroid injections, and physical therapy. An unofficial Magnetic Resonance Imaging of the lumbar spine done on 05-04-2015 revealed progression of spondylitic and degenerative changes at L5-S1. There is now a 2-3 mm of anterolisthesis of L5 and S1 and foraminal narrowing that has progressed and is now moderate at this level. The Request for Authorization dated 08-20-2015 is for Ibuprofen 800mg #90 and Tramadol 50mg #30. On 08-28-2015 the Utilization Review non-certified the request for Ibuprofen 800mg quantity 90, and Tramadol 50mg quantity 90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen 800mg quantity 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): Anti-inflammatory medications.

**Decision rationale:** MTUS recommends NSAIDs as a first-line drug class for chronic musculoskeletal pain. A prior physician review concluded that this medication is not medically necessary due to the lack of objective documentation of functional benefit. However MTUS does not require objective functional improvement to support benefit from NSAIDs; reported subjective improvement as in this case also is consistent with MTUS guidelines. Therefore, this request is medically necessary.

**Tramadol 50mg quantity 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): Opioids, criteria for use, Opioids for chronic pain.

**Decision rationale:** MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. MTUS also discourages the use of chronic opioids for back pain due to probable lack of efficacy. The records in this case do not meet these 4 As of opioid management and do not provide a rationale or diagnosis overall for which ongoing opioid use is supported. Therefore, this request is not medically necessary.