

<b>Case Number:</b>	CM15-0190067		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	04/08/2012
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	09/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 female, who sustained an industrial injury on 4-8-2012. The medical records indicate that the injured worker is undergoing treatment for lumbar sprain-strain, lumbar radiculopathy, right sacroiliac dysfunction, and multiple level herniated nucleus pulposus in the lumbar spine. According to the progress report dated 8-25-2015, the injured worker presented with complaints of low back pain (7 out of 10) with bilateral lower extremity symptoms, right greater than left and right sacroiliac pain (6 out of 10). The physical examination reveals tenderness over the lumbar spine, paraspinal musculature spasm, and reduced range of motion. Examination of the right hip reveals positive Patrick's sign, diminished right sacroiliac joint and full range of motion. The current medications are Tramadol and Naproxen (since at least 4-7-2015). The medication at the current dosing facilitates maintenance of activities of daily living with examples provided including light household duties, shopping for groceries, grooming, and cooking. Previous diagnostic studies were not specified. Treatments to date include medication management. Work status is described as permanent and stationary. The original utilization review (9-1-2015) had non-certified a request for Naproxen #90 and Tramadol #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 550mg #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:** According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for several months and required a PPI due to GI upset. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. Pain reduction with Tramadol (5 points) and Naproxen (3 points) would imply no pain. This was not the case. Continued use of Naproxen is not medically necessary.

**Tramadol 100mg #30:** 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 for chronic pain, Opioids for neuropathic pain.

**Decision rationale:** Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. In this case, the claimant was on Tramadol for several months. Pain reduction with Tramadol (5 points) and Naproxen (3 points) would imply no pain. This was not the case. Tylenol or Tricyclic failure was not noted. Long-term use of Tramadol is not indicated.