

<b>Case Number:</b>	CM15-0192790		
<b>Date Assigned:</b>	10/29/2015	<b>Date of Injury:</b>	10/09/2011
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2015

### 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 55 year old male, who sustained an industrial injury on 10-09-2011. The injured worker is currently able to return to work with modifications. Medical records indicated that the injured worker is undergoing treatment for cervicalgia, cervical spinal stenosis at C5-6 and C6-7, right sided shoulder superior labral tear from anterior to posterior, ulnar nerve lesion at right elbow, and elbow dislocation status post ulnar nerve transposition, internal fixation, and reconstruction of the medial collateral ligament with implant. Treatment and diagnostics to date has included cervical epidural steroid injection and medications. Recent medications have included Gabapentin and Ibuprofen. Subjective data (07-24-2015 and 09-04-2015), included pain in the neck, right shoulder, elbow and wrist rated 6-7 out of 10, "but at least he is getting some relief with current medications". Objective findings (09-04-2015) included limited right upper extremity and cervical spine range of motion, moderate tenderness throughout the posterior cervical spine with paravertebral muscle spasms, and positive Tinel's test at the right elbow. The request for authorization dated 09-08-2015 requested Tramadol 50mg three times daily as needed for pain #90 x 2 refills, Gabapentin, and Ibuprofen 800mg tablet 1 by mouth three times daily #90 x 3 refills. The Utilization Review with a decision date of 09-23-2015 modified the request for Tramadol 50mg #90 with 2 refills and Ibuprofen #90 with 3 refills to Tramadol 50mg #45 and Ibuprofen 800mg #90 with 1 refill.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg, #90 with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain, Opioids, specific drug list.

**Decision rationale:** 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. Although it may be a good choice in those with back pain, the claimant had been on Tramadol for over 8 months and prior to the Vicodin. It was used in combination with NSAIDs. There was significant pain relief. The continued and chronic use of Tramadol is not medically necessary.

**Ibuprofen 800mg, #90 with 3 refills: Upheld**

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

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

**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 over a year. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. There was minimal improvement in pain scores. Continued use of Ibuprofen is not medically necessary.