

<b>Case Number:</b>	CM15-0221907		
<b>Date Assigned:</b>	11/17/2015	<b>Date of Injury:</b>	06/19/2013
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	10/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2015

### 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: 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 45 year old male, who sustained an industrial injury on 6-9-2013. According to physician documentation, the injured worker was diagnosed with psychiatric disorder, dental disorder, status post-concussion, chronic strain/sprain of cervicothoracic spine and lumbosacral spine. Subjective findings dated 9-16-2015, were notable for neck and back pain and continued psychiatric treatment. Objective findings dated 9-16-2015, were notable for neck flexion 36 degrees and extension 40 degrees with tenderness on the paracervical muscle, back flexion 62 degrees and extension 16 degrees with tenderness of (lumbar) L4-S1 (sacral). On 3-2-2014, an MRI of the cervical and lumbar spine was performed revealing a disc desiccation at (cervical) C2-C3 down to C7-T-11 (thoracic), straightening of the cervical lordosis with decreased range of motion in flexion and extension, which may reflect an element of myospasm. Disc desiccation at L1-L2 through L5-S1, straightening of the lumbar curvature with restricted range of motion in flexion and extension, which may reflect an element of myospasm, and L4-L5 moderate diffuse disc herniation causing moderate stenosis of the spinal canal associated with stenosis of the bilateral lateral recess. Treatments to date have included epidural and/or facet, injections, Sertraline, Ketoprofen, Tramadol, Tizanidine and Naproxen Sodium 550mg (at least since 11-13-2014) and Tramadol 50mg (at least since 10-9-2015). The Utilization Review determination dated 10-26-2015 did not certify treatment/service requested for Naproxen Sodium 550mg #180 and Tramadol 50mg #90, modified from (Naproxen Sodium 550mg #300 and Tramadol 50mg #180).

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen Sodium 550 mg #300:** 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): Introduction, Anti-inflammatory medications.

**Decision rationale:** The patient presents on 09/16/15 with unrated neck and lower back pain. The patient's date of injury is 06/09/13. The request is for Naproxen Sodium 550MG #300. The RFA is dated 10/09/15. Physical examination dated 09/16/15 reveals tenderness to palpation of the cervical paraspinal musculature, lumbar spine at L4 and S1 levels, and reduced range of motion of the cervical and lumbar spine. The patient is currently prescribed Tramadol and Naproxen. Patient is currently not working. MTUS Chronic Pain Medical Treatment Guidelines, Anti-inflammatory medications section, page 22 states: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. MTUS Chronic Pain Medical Treatment Guidelines, Pain Outcomes and Endpoints section, page 8 states: "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life". In regard to the continuation of Naproxen for this patient's chronic pain, the requesting physician has not provided documentation of medication efficacy. The progress report associated with this request, dated 09/16/15 indicates that this patient ran out of Naproxen two weeks prior to the office visit and has since developed "night sweats", though does not specifically discuss how this medication improved his symptoms prior to running out. While this patient presents with chronic pain for which oral NSAIDs are considered a first line option, without clear documentation of efficacy the continuation of this Naproxen cannot be substantiated. The request IS NOT medically necessary.

**Tramadol 50 mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use.

**Decision rationale:** The patient presents on 09/16/15 with unrated neck and lower back pain. The patient's date of injury is 06/09/13. The request is for Tramadol 50MG #180. The RFA is dated 10/09/15. Physical examination dated 09/16/15 reveals tenderness to palpation of the

cervical paraspinal musculature, lumbar spine at L4 and S1 levels, and reduced range of motion of the cervical and lumbar spine. The patient is currently prescribed Tramadol and Naproxen. Patient is currently not working. MTUS, Criteria for Use of Opioids Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, Criteria For Use Of Opioids Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, Criteria for Use of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for Chronic Pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS Guidelines, Tramadol (Ultram) section, page 113, states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. In regard to the requested Tramadol for the management of this patient's chronic pain, the treater has not provided adequate documentation of efficacy to continue use. The progress note associated with this request, dated 09/16/15, does not address the efficacy of this patient's medication regimen whatsoever. The provider indicates that the patient ran out of Tramadol two weeks prior and has since developed "night sweats" which the provider suspects could be mild Tramadol withdrawals. MTUS guidelines require analgesia via a validated scale (with before and after ratings), activity-specific functional improvements, consistent urine drug screening, and a stated lack of aberrant behavior. In this case, there is no evidence that this patient is non-compliant with his medications. However, the provider does not include any measures of analgesia via a validated scale with before and after ratings, any functional improvements attributed to medications, nor a statement regarding a lack of aberrant behavior. Without such documentation, continuation cannot be substantiated and this patient should be weaned from narcotic medications. Owing to a lack of complete 4A's documentation, the request IS NOT medically necessary.