

Case Number:	CM15-0036882		
Date Assigned:	03/05/2015	Date of Injury:	02/18/2002
Decision Date:	04/09/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/26/2015

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 (IW) is a 40 year old female who sustained an industrial injury on 02/18/2002. She has reported pain in the back with radicular symptoms. Diagnoses include lumbago and sciatica. Treatment to date includes medications. A progress note from the treating provider dated 09/10/2014 notes discomfort at rest, no pain or muscle spasm to the upper back, a surgical scar on the low back, tenderness to palpation of the left paraspinal musculature, no muscle spasm, decreased flexion, extension and bending, range of motion causes pain, and a straight leg raise that was positive in the left leg and negative in the right leg. Treatment plan is to continue gabapentin 600 mg, and refill Butrans 5mg. On 01/07/2015, prescriptions were written for Ibuprofen 600 mg and Tramadol 50 mg tablets. On 02/03/2015 Utilization Review non-certified a request for Ibuprofen 800mg #90 with 3 refills. The MTUS Guidelines were cited. On 02/03/2015 Utilization Review non-certified a request for Tramadol 50mg #20 with 3 refills. The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS
Page(s): 67.

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 6 months in combination with opioids. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks and there was no indication to use it with opioids. Recent clinical notes are not provided to justify continued use. The Ibuprofen is not medically necessary.

Tramadol 50mg #20 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low back complaints, Opioids, specific drug list, Weaning of medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 82-93.

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. The claimant had been on opioids and NSAIDs in the past. There was no clinical documentation to support the use of Tramadol in any recent notes. The Tramadol is not medically necessary.