

<b>Case Number:</b>	CM15-0082283		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	01/28/2011
<b>Decision Date:</b>	06/10/2015	<b>UR Denial Date:</b>	04/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2015

### 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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

### 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 female, who sustained an industrial injury on January 28, 2010. She reported low back pain radiating to bilateral hips into the right buttock, bilateral foot pain and numbness, left shoulder pain and bilateral elbow pain with bilateral hand numbness. The injured worker was diagnosed as having impingement syndrome and rotator cuff tendinosis of the left shoulder, right lateral epicondylitis of the right elbow, bilateral carpal tunnel syndrome, spondylosis of the lumbar spine with facet joint arthropathy and radiating pain, internal derangement of the bilateral knees, bilateral plantar fasciitis, status post carpal tunnel release on the left and right side and status post left shoulder arthroscopy and decompression. Treatment to date has included radiographic imaging, diagnostic studies, surgical interventions of the bilateral upper extremities and left shoulder, medications and work restrictions. Currently, the injured worker complains of low back pain radiating to bilateral hips into the right buttock, bilateral foot pain and numbness, left shoulder pain and bilateral elbow pain with bilateral hand numbness. The injured worker reported an industrial injury in 2010, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on May 5, 2015, revealed continued pain as noted however, she did report functional improvement with the medication regiment. Physical therapy was ordered. Evaluation on March 2, 2015, revealed improved pain with residual hand pain and numbness. Medications were requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram 50mg #60 with one (1) refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol, Ultram Page(s): 74-96, 113, 123. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) - Medications for acute pain (analgesics), Tramadol (Ultram<sup>®</sup>).

**Decision rationale:** Tramadol is classified as a central acting synthetic opioids. MTUS states regarding tramadol that "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." ODG further states, "Tramadol is not recommended as a first-line oral analgesic because of its inferior efficacy to a combination of Hydrocodone/ acetaminophen." The treating physician did not provide sufficient documentation that the patient has failed a trial of non-opioid analgesics at the time of prescription or in subsequent medical notes. Additionally, no documentation was provided which discussed the setting of goals for the use of tramadol prior to the initiation of this medication. MTUS states that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, pain relief, or improved quality of life. As such, the request for Ultram 50mg #60 with (1) refill is not medically necessary.

**Motrin 800mg #360 with one (1) refill:** 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 Ibuprofen, NSAIDs Page(s): 67-72.

**Decision rationale:** MTUS recommends the use of NSAIDS for the acute exacerbation of pain at the lowest effective dose for the shortest amount of time due to the increased cardiovascular risk, renal, hepatic and GI side effects associated with long-term use. MTUS states "Ibuprofen (Motrin, Advil [otc], generic available): 300, 400, 600, 800 mg. Dosing: Osteoarthritis and off-label for ankylosing spondylitis: 1200 mg to 3200 mg daily. Individual patients may show no better response to 3200 mg as 2400 mg, and sufficient clinical improvement should be observed to offset potential risk of treatment with the increased dose. Higher doses are generally recommended for rheumatoid arthritis: 400-800 mg PO 3-4 times a day, use the lowest effective

dose. Higher doses are usually necessary for osteoarthritis. Doses should not exceed 3200 mg/day. Mild pain to moderate pain: 400 mg PO every 4-6 hours as needed. Doses greater than 400 mg have not provided greater relief of pain". The amount requested is at least a 4 months' supply, which is excessive with no monitoring. The medical records seem to request 60 tablets, which is appropriate. As such, the request for Motrin 800mg #360 with one (1) refill is not medically necessary.