

<b>Case Number:</b>	CM14-0167818		
<b>Date Assigned:</b>	10/15/2014	<b>Date of Injury:</b>	09/27/2001
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	09/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 68-year-old male who sustained an injury on 1/27/01. The latest PR2 report dated 9/10/14 did not document any subjective or objective findings. It indicated that there was no functional change since his last examination and consisted of a request for medication refill. The review of much older reports from 2006 revealed that he had complaints of pain to his neck, back and both upper and lower extremities as a result of his work related injury. MRI of the cervical spine and lumbar spine revealed multilevel cervical disc disease and multilevel lumbar disc disease respectively. He is currently on Motrin, Tramadol and Zantac. Not much information was documented regarding these medications, but the recent UR determination suggests that he has been on Motrin since 2009 and Tramadol since 2012. Diagnoses from 2006 reports included chronic strain and sprain of cervicothoracic spine and associated musculoligamentous structures, bilateral shoulder tendonitis and impingement with cervicobrachial strain, multilevel cervical disc disease and multilevel lumbar disc disease. The request for Motrin 600mg #60 x4 refills, Tramadol 50mg #60 x4 refills, Zantac 150mg #60 x4 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Motrin 600mg #60 x4 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 68.

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

**Decision rationale:** Per guidelines, NSAIDs are recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another. NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain, as there is no evidence of long-term effectiveness for pain or function. The medical records do not demonstrate that this patient has obtained any benefit with the medication regimen. There is no documentation of any significant improvement in pain level (i.e. VAS) or function with prior use. Long-term use carries the risk of GI or renal side effects. In the absence of objective functional improvement, Therefore, Motrin 600mg #60 x4 refills is not medically necessary.

**Tramadol 50mg #60 x4 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 75, 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids  
Page(s): 91.

**Decision rationale:** According to the CA MTUS Guidelines, Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic, it is indicated for moderate to severe pain. The CA MTUS Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The guidelines state opioids may be continued: (a) if the patient has returned to work and (b) if the patient has improved functioning and pain. In this case, the clinical information is limited and there is little to no documentation of any significant improvement in pain level (i.e. VAS) and function with prior use. There is no evidence of urine drug test in order to monitor compliance. There is no evidence of alternative methods of pain management such as home exercise program or modalities. Therefore, a Tramadol 50mg #60 x4 refill is not medically necessary.

**Zantac 150mg #60 x4 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs,  
GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** Zantac (Ranitidine) is an H2 receptor antagonist. As per CA MTUS guidelines, treatment of dyspepsia secondary to NSAID therapy is to Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. Records submitted revealed no documentation of subjective or objective GI events or dyspepsia to warrant the use of this medication. Additionally, the determination for continued use of Motrin in this injured worker was non-certification. Therefore, the request for Zantac 150mg #60 x4 refills is not medically necessary.