

<b>Case Number:</b>	CM14-0185058		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	10/10/2013
<b>Decision Date:</b>	12/30/2014	<b>UR Denial Date:</b>	10/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2014

### 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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 10, 2013. The applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; epidural steroid injection therapy; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated October 6, 2014, the claims administrator denied a request for ibuprofen and partially approved a request for tramadol, stating that the applicant reportedly did not have a signed pain contract on file. It was not evident whether these medications are first-time request or renewal request. The claims administrator did allude to a September 10, 2014 progress note suggesting that the applicant was using Motrin and tramadol extended release. The claims administrator alleged that the applicant had failed to benefit from either Motrin or tramadol. The applicant's attorney subsequently appealed. In an October 1, 2014 progress note, the applicant reported ongoing complaints of low back pain. The applicant was able to function better with her medications, it was acknowledged, and had reportedly returned to work. 3-5/10 pain was experienced. The applicant was back to work as a deputy sheriff, it was further noted. The applicant did have some depressive symptoms, it was acknowledged. The applicant was asked to continue physical therapy with the focus on strengthening. It was stated that the applicant was using naproxen in this particular note. In a note dated November 5, 2014, the applicant reported ongoing complaints of low back and leg pain, 6/10. The applicant was asked to continue home exercises. Motrin was refilled.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen 800 mg # 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management section, Anti-inflammatory medication.

**Decision rationale:** While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as ibuprofen do represent the traditional first-line treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of applicant-specific variables such as "other medications" into his choice of recommendations. Here, however, the attending provider did not provide any rationale for provision of two separate NSAIDs, Motrin (ibuprofen), and naproxen. The applicant was described on an office visit of October 1, 2014, referenced above, as using naproxen, another anti-inflammatory medication. Provision of two separate anti-inflammatory medications, ibuprofen and naproxen, cannot be endorsed without some accompanying rationale. Such rationale was conspicuously absent here. Therefore, the request was not medically necessary.

**Tramadol ER # 30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic..

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the applicant has returned to work as a Los Angeles County deputy sheriff. The applicant's ability to perform home exercise has reportedly been ameliorated as a result of ongoing medication usage, including ongoing Tramadol usage, the attending provider has posited. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.