

<b>Case Number:</b>	CM14-0090060		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	06/17/2010
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	06/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/14/2014

### 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 is licensed to practice in Nevada. 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 records presented for review indicate that this 31 year-old male was reportedly injured on June 17, 2010. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated May 19, 2014, indicates that there are ongoing complaints of low back pain (rated 7/10) with radiation into the right lower extremity. The physical examination demonstrated tenderness to palpation, a normal gait status, some lumbar spine muscle spasm. Diagnostic imaging studies were not reviewed. Previous treatment includes physical therapy (transition to home exercise program) multiple medications, and laboratory studies note elevated liver function tests (LFT).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol ER 150mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 82, 113 of 127.

**Decision rationale:** When noting the date of injury, the injury sustained, and the response to these medications, there is no objectification presented of any efficacy or utility with the use of a

centrally acting synthetic opioid analgesic. Noting the diagnosis of lumbar discogenic syndrome, the multiple progress notes do not indicate that there has been any significant decrease in pain complaints, increase functionality or efficacy demonstrated. Therefore, when noting the parameters outlined in the MTUS tempered by the lack of any improvement there is no medical necessity established for the ongoing use of this medication. Such as, Tramadol ER 150mg #30 is not medically necessary.

**Naproxen Sodium 550mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 66 & 73.

**Decision rationale:** When taking note of the date of injury, the injury sustained, the multiple interventions completed and the amount of time that this medication has been used, also taking note that there is no objectification of any functional improvement, decrease in symptomology or other parameters of efficacy there is no medical necessity established for the ongoing use of this medication. As noted in the MTUS, this is a non-steroidal used as a first-line medication for the inflammatory process. The diagnosis is a discogenic syndrome. Therefore, Naproxen Sodium 550mg #60 is not medically necessary.