

<b>Case Number:</b>	CM15-0129217		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	09/27/2001
<b>Decision Date:</b>	08/13/2015	<b>UR Denial Date:</b>	06/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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] beneficiary who has filed a claim for chronic neck, mid back, and low back pain reportedly associated with an industrial injury of September 27, 2001. In a Utilization Review report dated June 12, 2015, the claims administrator failed to approve requests for tramadol, Motrin, and Zantac. The applicant's attorney subsequently appealed. In a handwritten progress note dated June 3, 2015, difficult to follow, not entirely legible, the applicant reported unchanged pain complaints. A pain management referral was sought. The applicant was apparently given refills of Motrin, Zantac, and tramadol. Previously imposed permanent restrictions were renewed. It did not appear that the applicant was working with said limitations in place, although this was not explicitly stated on this date. No discussion of medication efficacy transpired. In a narrative report dated March 13, 2015, the applicant's treating provider acknowledged that the applicant was not currently working and had last worked in 2002. The applicant had been terminated by his former employer, it was reported. The applicant's gastrointestinal review of systems was negative, it was reported on this date. Medication selection or medication efficacy were not detailed or discussed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg, #60 with 5 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** No, the request for tramadol, a synthetic opioid, was not medically necessary, medically appropriate, or indicated here. 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. Here, however, the applicant was off of work, it was acknowledged on March 2015 progress note, referenced above, at which point it was stated that the applicant had last worked in 2002. The handwritten June 3, 2015 progress note failed to outline quantifiable decrements of pain or meaningful, material improvements in function (if any) effected as a result of ongoing tramadol usage. Therefore, the request was not medically necessary.

**Motrin 600mg, #180 with 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

**Decision rationale:** Similarly, the request for Motrin, an anti-inflammatory medication, was likewise not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Motrin do represent the traditional first line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation is, however, 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 efficacy of medication into his choice of recommendations. Here, however, the applicant remained off of work, despite ongoing Motrin usage. The applicant remained dependent on opioid agents such as tramadol. Permanent work restrictions were renewed, unchanged, from visit to visit. A handwritten June 3, 2015 progress note failed to incorporate any discussion of medication efficacy. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of Motrin. Therefore, the request was not medically necessary.

**Zantac 150mg, #180 with 5 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk.

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

**Decision rationale:** Finally, the request for Zantac, an H2 antagonist, was likewise not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Medical Treatment Guidelines does acknowledge that H2 antagonists such as Zantac are indicated in the treatment of NSAID-induced dyspepsia, here, however, there was no mention of the applicant's having issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, either on the handwritten progress note of June 3, 2015 or on the narrative report of March 13, 2015. The narrative report of March 13, 2015, it was incidentally noted, explicitly noted that the applicant's GI review of systems was negative. Therefore, the request was not medically necessary.