

<b>Case Number:</b>	CM15-0160835		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	11/03/2014
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	08/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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: California, Oregon, Washington  
 Certification(s)/Specialty: Orthopedic Surgery

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 58 year old female who reported an industrial injury on 11-3-2014. Her diagnoses, and or impressions, were noted to include: lumbar herniated nucleus pulposus with bilateral lower extremity radiculopathy; and medication-induced gastritis. The history noted a work related right knee injury, approximately 10 years prior, which was treated with physical therapy; and a work related left wrist injury-carpal tunnel syndrome treated with release surgery and physical therapy, approximately 11 years prior. No imaging studies were noted. Her treatments were noted to include lumbar epidural steroid injection therapy - effective 2.5 weeks; physical therapy - temporarily effective; medication management; and rest from work. The progress notes of 7-28-2015 reported: pain, rated 8 out of 10, in her lower back which radiated down both lower extremities, left > right, was aggravated by movements and activities; she quantified her back pain at 50% and her leg pain at 50%; that she could only stand for 30 minutes, that her pain limited her activities of daily living by about 75%, and interfered with her sleep; causing depression. The objective findings were noted to include: obesity; mild-moderate distress; tenderness to the bilateral lumbar musculature, with increased muscle rigidity, numerous trigger points, and tenderness throughout the lumbar para-spinal muscles; positive bilateral straight leg raise in the seated position; decreased lumbar range-of-motion with obvious muscle guarding; decreased patella and Achilles tendon reflexes bilaterally; and decreased sensation along the postero-lateral thigh and calf, bilateral lumbar 5 - sacral 1 distribution. The physician's requests for treatment were noted to include: refilling her medications to optimize her treatments, noting Ultracet 37.5 mg twice a day, #60, and Anaprox DS 550 mg twice a day, #60. The Request for Authorization, dated 7-28-2015, was noted to include: Ultracet 37.5-325 mg twice a day, #60, and Anaprox DS 550 mg twice a day as needed, #60. The Utilization Review of 8-6-2015 non-

certified the request for Ultracet 37.5-325 mg twice a day, #60, and Anaprox DS 550 mg twice a day as needed, #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anaprox DS 550 mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** Per the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 66 states that Naproxen is a non-steroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. It is used as first line treatment but long-term use is not warranted. In this case the continued use of Naproxen is not warranted, as there is no demonstration of a diagnosis of osteoarthritis from the exam note from 7/28/15. Therefore, determination is not medically necessary.

**Ultracet 37.5/325 mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list.

**Decision rationale:** Per the CA MTUS Chronic Pain Medical Treatment Guidelines pages 93-94, specific drug list, Tramadol is a synthetic opioid affecting the central nervous system. Tramadol is indicated for moderate to severe pain. Tramadol is considered a second line agent when first line agents such as NSAIDs fail. There is insufficient evidence in the records of 7/28/15 of failure of primary over the counter non-steroids or moderate to severe pain to warrant Tramadol. Therefore use of Tramadol is not medically necessary and it is non-certified. A recent Cochrane review found that this drug decreased pain intensity, produced symptom relief and improved function for a time period of up to three months but the benefits were small (a 12% decrease in pain intensity from baseline). Adverse events often caused study participants to discontinue this medication, and could limit usefulness. There are no long-term studies to allow for recommendations for longer than three months. (Cepeda, 2006) Similar findings were found in an evaluation of a formulation that combines immediate-release vs. extended release Tramadol. Adverse effects included nausea, constipation, dizziness/vertigo and somnolence. (Burch, 2007) Guidelines recommend 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.