

<b>Case Number:</b>	CM15-0177724		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	09/12/2014
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2015

### 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, North Carolina

Certification(s)/Specialty: Family Practice

### 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 27 year old male, who sustained an industrial injury on 9-12-14. The injured worker was diagnosed as having lumbar radiculopathy, low back pain, and degeneration of lumbar intervertebral disc. Treatment to date has included physical therapy and medication. The injured worker had been taking Ibuprofen since October 2014 and Tramadol since July 2015. Physical examination findings on 7-21-15 included 1+ Achilles deep tendon reflexes on the left side and diminished light sensation in the L5-S1 dermatomal distribution on the left. Currently, the injured worker complains of low back pain and left lower extremity numbness, tingling, and weakness. The treating physician requested authorization for Tramadol 50mg #60 with 3 refills and Ibuprofen 600mg #90 with 3 refills. On 9-3-15 the requests were modified or non-certified. Regarding Tramadol, the utilization review (UR) physician noted "there is mention of an unknown antidepressant medication. Tramadol is a known medication that decreases the seizure threshold and this is a potential for people taking certain forms of antidepressant medications." The request was non-certified. Regarding Ibuprofen, the UR physician modified the request to a quantity of 90 with no refills. The UR physician noted "Ibuprofen 600mg for a total of 90 tablets can be reviewed again in one month to again assess medical necessity."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg #60 with 3 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**Decision rationale:** MTUS Guidelines state that Tramadol may increase the risk for seizures especially in patients that are taking SSRIs, TCAs and other opioids. Tramadol may produce life-threatening serotonin syndrome, in particular with concomitantly used with SSRIs, SNRIs, TCAs and MAOIs, and triptans or other drugs that may impair serotonin metabolism. In this case, the patient has been prescribed an unknown antidepressant. Tramadol should be avoided in patients with depression. Therefore, Tramadol is not medically necessary or appropriate and should be discontinued based on the increased risk of adverse reaction noted above.

**Ibuprofen 600mg #90 with 3 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

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

**Decision rationale:** CA MTUS Guidelines state that NSAIDs have been shown to be efficacious in the treatment of low back pain. However they should be used at the lowest dose for the shortest period of time. The request in this case is for Ibuprofen 600 mg #90 with 3 refills, which exceeds the guidelines for short-term use. Long-term use of NSAIDs has been associated with adverse cardiovascular and GI events. Therefore the request is not medically necessary or appropriate.