

<b>Case Number:</b>	CM15-0179111		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	02/20/2001
<b>Decision Date:</b>	10/23/2015	<b>UR Denial Date:</b>	08/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2015

### 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: Arizona, California

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 47 year old male who sustained an industrial motor vehicle accident injury on 02-20-2001. The injured worker was diagnosed with degeneration and displacement of cervical intervertebral disc, degeneration and displacement of lumbar or lumbosacral intervertebral disc, brachial neuritis or radiculitis and gastroesophageal reflux disorder (GERD). According to the treating physician's progress report on August 13, 2015, the injured worker continues to experience low back pain with difficulty sleeping. The injured worker rated his pain at 5 out of 10 without medications and 3 out of 10 on the pain scale with medications. He reported his neck pain has improved by 60% with recent cervical epidural steroid injection in June 2015. Examination of the cervical spine demonstrated painful tight and intermittent spasms with touch and movement along the cervical spine. Flexion and extension were restricted by 10% and rotation was 20% restricted. There was intermittent dysesthesia and hypoesthesia down the right arm to the last three digits. The lumbar spine examination demonstrated flexion restricted to 60%, extension to 50% and lateral bending 60% restricted and worse on the right. Straight leg raise was positive bilaterally. Prior treatments documented to date have included diagnostic testing with cervical magnetic resonance imaging (MRI) on March 27, 2015, cervical epidural steroid injection with epidurogram on June 23, 2015, physical therapy, heat, ice and medications. Current medications were listed as Tramadol, Motrin and Prilosec. Treatment plan consists of acupuncture therapy (6 sessions), continue with stretching, exercise, heat, ice, rest, medication regimen, adding Gabapentin at sleep, follow-up appointments and the current request for Tramadol 50mg #30 and Motrin 800mg #30. The Utilization Review determined the request for Tramadol 50mg #30 and Motrin 800mg #30 was not medically necessary on 08-21-2015.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Motrin 800mg #30:** 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): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on Motrin for several months. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks in which the claimant required the use of a PPI. Continued use of Motrin is not medically necessary.

**Tramadol 50mg #30:** 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, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain.

**Decision rationale:** According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. In this case, the claimant had been on Tramadol for several months in combination with Motrin without significant improvement in pain scores. There was no mention of Tylenol failure. Pain reduction due to Tramadol could not be determined. Long-term use is not recommended. Continued use of Tramadol is not medically necessary.