

<b>Case Number:</b>	CM15-0020854		
<b>Date Assigned:</b>	02/10/2015	<b>Date of Injury:</b>	03/14/2014
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2015

### 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  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 52-year-old female; with a reported date of injury of 03/14/2014. The diagnoses include lumbar radiculopathy and internal derangement of the knee. Treatments have included oral medications. The progress report dated 12/03/2014 indicates that the injured worker had no significant improvement since the last examination. She had pain, stiffness, restricted range of motion, and pain radiating down from her back to her right lower extremity. The injured worker stated that the medications allowed her to function and helped with the pain. The physical examination showed spasm in the paraspinal muscles, tenderness to palpation of the paraspinal muscles, some sensory deficit, restricted range of motion, tenderness to palpation of the joint line of the knees, and normal range of motion of the bilateral knees. The treating physician requested Tramadol HCL 50mg #60, with two refills, and the Naproxen Sodium 550mg #60. The rationale for the request was not indicated. On 01/27/2015, Utilization Review (UR) denied the Tramadol HCL 50mg #60, with two refills, and the Naproxen Sodium 550mg #60, noting that there was no indication of a pain contract, random urine drug screens, of functional improvement or improvement in the injured worker's pain with use of Tramadol; and no indication of functional or pain reduction benefit with use Naproxen Sodium. The MTUS Chronic Pain Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol HCL 50mg #60 refills: 2:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** The patient presents with pain and weakness in her lower back and lower extremity. The request is for TRAMADOL HCL 50MG #60 WITH 2 REFILLS. Per 01/07/15 progress report, Orphenadrine ER, Tramadol, Naproxen and Zolpidem have been prescribed. Regarding chronic opiate use, MTUS guidelines page and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The review of the reports does not show any discussion specific to this medication other than the treater's request for refills. The four A's including analgesia, ADL's, side effects, and aberrant drug seeking behavior are not addressed as required by MTUS for chronic opiate use. There are no before and after pain scales to show analgesia; no specific ADL's are mentioned to show functional improvement; no urine toxicology, CURES reports showing opiate monitoring. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be weaned as outlined in MTUS guidelines. The request IS NOT medically necessary.

**Naproxen Sodium 550mg #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 Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Medications for chronic pain Page(s): 67-68, 60.

**Decision rationale:** The patient presents with pain and weakness in her lower back and lower extremity. The request is for NAPROXEN SODIUM 550MG #60. The patient has been utilizing Naproxen since at least 10/07/14. MTUS guidelines page 67 and 68 recommend NSAIDs (non-steroidal anti-inflammatory drugs) as an option for short-term symptomatic relief. NSAIDs are effective for chronic LBP, MTUS also states. In this case, this patient has been utilizing Naproxen since at least 10/07/14. This patient presents with chronic low back pain for which the medication may be indicated. However, none of the reports discuss this medication's efficacy. MTUS page 60 requires recording of pain and function when medications are used for chronic pain. The request IS NOT medically necessary.

