

<b>Case Number:</b>	CM15-0076571		
<b>Date Assigned:</b>	04/28/2015	<b>Date of Injury:</b>	04/05/2012
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	03/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2015

### 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 55 year old female who sustained an industrial injury on 4/5/12. The injured worker reported symptoms in the neck and shoulders. The injured worker was diagnosed as having musculoligamentous sprain cervical spine, disc bulges C4-C5, bilateral shoulder tendinitis, internal derangement both shoulders, capsulitis left shoulder, musculoligamentous sprain lumbar spine with lower extremity radiculitis, internal derangement bilateral knees, and sprain of both ankles. Treatments to date have included non-steroidal anti-inflammatory drugs, proton pump inhibitor, oral pain medication, and activity modification. Currently, the injured worker complains of pain in the neck, shoulders and left upper extremity. The plan of care was for medication prescriptions and a follow up appointment at a later date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen 800mg #90 with 5 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines non-steroidal anti-inflammatory drugs (NSAIDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs  
Page(s): 67-73.

**Decision rationale:** The claimant's date of injury was in 2012. She complains of chronic neck, back and upper and lower extremity pain. The request is for Motrin 800 mg, #90, with five refills. Motrin is an NSAID recommended for short-term (less than 2 weeks) relief of acute injury or exacerbation of a chronic problem. MTUS guidelines do not support the chronic use of NSAIDs for chronic pain. The guidelines also require documentation of pain and functional difference with the use of these medications, which are not in evidence in the records. Request for Motrin 800 mg, #90 with 5 refills is not medically necessary.

**Tramadol 50mg #200 with 4 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 82, 93-94, 113, 78.

**Decision rationale:** The request is for Tramadol 50 mg #200, with 4 refills for chronic pain since the date of injury in 2012. The CA MTUS states that central analgesic drugs such as Tramadol are reported to be effective in managing neuropathic pain, however it is not recommended as a first-line oral analgesic. There is no evidence that first-line agents (antidepressants and antiepilepsy drugs) have been tried and failed. There is also a lack of evidence in the records submitted that the patient requires the addition of this medication at this time. From the submitted documents, there is no evidence of specific functional benefit from the addition of Tramadol. Therefore, this request is deemed not medically necessary.