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| <b>Case Number:</b>   | CM13-0027498 |                              |            |
| <b>Date Assigned:</b> | 01/10/2014   | <b>Date of Injury:</b>       | 01/02/2012 |
| <b>Decision Date:</b> | 06/30/2014   | <b>UR Denial Date:</b>       | 09/02/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/23/2013 |

### 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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 is a 45 year old woman who has reported mental illness, neck pain, and upper extremity pain after an injury on January 2, 2012. Diagnoses have included carpal tunnel syndrome, cubital tunnel syndrome, discogenic pain, spine strain/strains, depression, and polysubstance abuse. She has been treated with physical therapy, chiropractic, medications, injections, TENS, and bracing. The primary treating physician has been dispensing/prescribing naproxen and tramadol since the first visit at his office in December 2012. At that time he started treatment with 7 medications simultaneously. As of August 21, 2013, the primary treating physician reported pain in the upper extremities that limited many activities, headaches, insomnia, and neck pain. Medications were dispensed. Work status was "temporarily totally disabled". The specific results of using naproxen and tramadol were not discussed. Pain was as high as 10/10. Subsequently the primary treating physician has stated that this injured worker will be taken off work for 9 months. On 9/2/13, Utilization Review partially certified naproxen and tramadol, noting the lack of prescribing per the MTUS recommendations.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram), Page(s): 75.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management;Opioids, steps to avoid misuse/addiction. Page(s): 77-81, 94.

**Decision rationale:** There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, or "mechanical and compressive etiologies". This is a high risk patient with a history of substance abuse. The recommendations for this kind of patient, per the MTUS, have not been followed. This includes pill counts, random drug tests, a contract, and other actions. Pain and function have not improved while on tramadol; work status has worsened to "temporarily totally disabled" status. "Temporarily totally disabled" status represents a profound failure of treatment, as this implies confinement to bed for most or all of the day. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics". Current medications were all started at the same time and there was no adequate trial of medications as per page 60 of the MTUS, cited above. Based on the failure of prescribing per the MTUS and the lack of specific functional benefit, tramadol is not medically necessary.

**Retrospective Tramadol 50mg #60 for DOS 8/12/2013:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram), Page(s): 75.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management;Opioids, steps to avoid misuse/addiction.. Page(s): 77-81, 94.

**Decision rationale:** Tramadol was already approved and there is no need to duplicate the order. There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, or "mechanical and compressive etiologies". This is a high risk patient with a history of substance abuse. The recommendations for this kind of patient, per the MTUS, have not been followed. This includes pill counts, random drug tests, a contract, and other actions. Pain and function have not improved while on tramadol; work status has worsened to "temporarily totally disabled" status. "Temporarily totally disabled" status represents a profound failure of treatment, as this implies confinement to bed for most or all of the day. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics". Current medications were all started at the same time and there was no adequate trial of medications as per page 60 of the MTUS, cited above. Based on the failure of prescribing per the MTUS and the lack of specific functional benefit, tramadol is not medically necessary.

**Retrospective Naproxen 550mg #60 for DOS 8/12/2013:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain.NSAIDs, specific drug list & adverse effects. Page(s): 60, 70.

**Decision rationale:** Per the MTUS for chronic pain, page 60, medications should be trialed one at a time, and there should be functional improvement with each medication. No reports show any specific benefit, functional or otherwise, from this or any other medication used by this injured worker. Pain and function have worsened while taking naproxen, to the degree that the injured worker is now stated to be "temporarily totally disabled". Systemic toxicity is possible with NSAIDs. The FDA and MTUS recommend monitoring of blood tests and blood pressure. There is no evidence that the prescribing physician is adequately monitoring for toxicity as recommended by the FDA and MTUS. Naproxen is not medically necessary based on the MTUS recommendations, lack of specific functional and symptomatic benefit, and prescription not in accordance with the MTUS and the FDA warnings.