

Case Number:	CM14-0174940		
Date Assigned:	10/28/2014	Date of Injury:	10/05/2012
Decision Date:	12/04/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/22/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 48 year old female with an injury date of 10/05/12. Based on the 08/27/14 progress report provided by [REDACTED], the patient complains both side of wrist pain and neck pain that shooting down the arms with numbness and tingling. The patient has ongoing symptoms of depression. She has positive Phalen, Reverse Phalen, and Tinel's at the left wrist. Recently the patient developed pain along the base of the thumb extending to the forearm with swelling. She has tenderness along cervical paraspinal muscles, trapezius, and shoulder girdle. There is exquisite tenderness along CMC, first extensor on left and dorsum of the wrist. The patient also has swelling and tenderness along the left carpal tunnel joint. MRI scans dated 07/10/14, for cervical spine, it showed significant disc disease at C3-C4, C4-C5, C5-C6, and C6-7. For right shoulder, it showed possible calcific tendonitis with moderate tendinopathy, biceps tendonitis and AC joint wear. For left shoulder, MRI showed tendinopathy, biceps tendonitis and AC joint wear. Her diagnoses include the following shoulder impingement with bicipital tendonitis; discogenic cervical condition with radicular component on the upper extremities, nerve studies in the past now showing any radiculopathy; cubital tunnel syndrome bilaterally; radial tunnel syndrome bilaterally; carpal tunnel syndrome bilaterally, status post decompression on the right; nerve studies positive on the left and residually showing some findings on the right as well; CMC joint inflammation of the thumb bilaterally; and stenosis tenosynovitis on the index finger and long finger on the right. The patient has elements of stress, depression, anxiety, weight gain, GERD, sleep and sexual dysfunction and complication that are being addressed by other specialties. [REDACTED] is requesting for #90 of Norco 10/325mg, #30 of Tramadol ER 100mg, and #60 of Naproxen Sodium 550mg. The utilization review determination being

challenged is dated 10/07/14. [REDACTED] is the requesting provider, and he provided treatment reports from 05/19/14-09/25/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Opioids Page(s): 60; 61; 76, 78; 88, 89.

Decision rationale: The request is for 90 tablets of Norco 10/325mg. According to 06/25/14 progress report, the patient has daily pain at 5/10 and Norco decreases pain to 3/10 which "making pain more manageable and allowing the patient to use both hands during the day to do tasks." In the utilization review letter mentioned that the patient has history of Norco use since 2013 and most recently certified for Norco 10/325mg #60 on 08/11/14. For chronic opiate use, MTUS guidelines pages 88 and 89 states: "Document pain and functional improvement and compare to baseline... 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. According to 06/25/14 progress report, the patient has daily pain at 5/10 and Norco decreases pain to 3/10 "making pain more manageable and allowing the patient to use both hands during the day to do tasks." But the provider didn't specifically address the four A's including discussions regarding aberrant drug behaviors and specific ADLs, etc. Given the lack of documentation as required by MTUS, this request is not medically necessary.

Tramadol ER 100mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Opioids Page(s): 60, 61; 76-78; 88, 89.

Decision rationale: The request is 30 tablets of Tramadol ER 100mg. The MTUS guidelines page 80 on Tramadol states that, "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy." MTUS page 93 and 94 states that Tramadol is indicated for "moderate to severe pain." It is not recommended for longer than 3 months use for osteoarthritis (page 84). Additionally, for chronic opiate use, MTUS Guidelines page 88 and 89 require functioning

documentation using a numerical scale or validated instrument at least once every 6 months. Documentation of 4 A's (analgesia, ADLs, adverse side effects, adverse behaviors) are also required. Furthermore, under outcome measures, MTUS recommends documentation of current pain, average pain, least pain, time it takes for medication to work, duration of pain relief with medications, et cetera. The provider provides no discussions regarding how tramadol has been helpful in terms of decreased pain or functional improvement. In addition, the provider does not use any numerical scales to assess patient's pain and function as required by MTUS. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be weaned as outlined in MTUS Guidelines. Therefore, this request is not medically necessary.

Naproxen Sodium 550mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Anti-inflammatory medications Page(s): 22; 60-61.

Decision rationale: The request is for 30 tablets of Naproxen Sodium 550mg. Regarding NSAID's, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. MTUS page 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In this case, review of the reports does not show documentation of functional benefit or pain reduction from Naproxen Sodium. None of the reports discuss medication efficacy. There is insufficient documentation to make a decision based on guidelines. Therefore, this request is not medically necessary.