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| <b>Case Number:</b>   | CM14-0025685 |                              |            |
| <b>Date Assigned:</b> | 06/20/2014   | <b>Date of Injury:</b>       | 03/23/2013 |
| <b>Decision Date:</b> | 10/01/2014   | <b>UR Denial Date:</b>       | 02/24/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/28/2014 |

### 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 and is licensed to practice in Texas. 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 injured worker is a 37-year-old female with a reported date of injury on 03/23/2013. The mechanism of injury was reportedly caused by lifting a mattress while performing duties as a housekeeper. The injured worker presented with ongoing pain in the right hand. According to the clinical information, the injured worker underwent a right shoulder rotator cuff repair on 10/28/2013 as well as cortisone injections 08/2013, the results of which were not provided within the documentation available for review. In addition, the physician indicated the injured worker had 2 nerve conduction studies performed and 12 physical therapy visits for her right shoulder, the results of which were not available within the clinical information available for review. On physical examination the injured worker presented with full range of motion of the cervical spine without pain or tenderness. The Spurling's test was negative. The shoulder range of motion revealed right shoulder flexion to 160 degrees, extension to 40 degrees, external rotation to 60 degrees, internal rotation to 60 degrees, abduction to 130 degrees, and adduction to 40 degrees. The left shoulder range of motion was revealed as normal. In addition, the injured worker presented with right shoulder positive for AC tenderness, impingement sign, and adduction sign. The injured worker's right wrist range of motion revealed extension to 40 degrees, flexion to 40 degrees, ulnar deviation to 20 degrees, and radial deviation to 10 degrees. The injured worker's left wrist range of motion was revealed as normal. In addition, the right wrist revealed positive snuff box, Tinel's sign, and Phalen's test. On 01/27/2014, x-rays revealed right shoulder subacromial decompression. The injured worker rated the pain in her right shoulder at 8/10 and the right wrist pain at 6/10. According to the physician, the injured worker's use of tramadol resulted in 4 point average diminution in pain on a scale of 10. In addition, the physician indicated NSAIDs decrease achy somatic pain on average 3 points down on a 10 scale. Cyclobenzaprine facilitates additional diminution in pain and spasms to decrease down 2 points

on a scale of 10. The injured worker's diagnoses included right shoulder chronic impingement with partial-thickness rotator cuff tear, rule out carpal tunnel syndrome, and right wrist triangular fibrocartilage complex tear. The injured worker's medication regimen included tramadol ER, cyclobenzaprine, Anaprox, Lorcet, and omeprazole. The Request for Authorization for tramadol 150 mg #90, Anaprox 550 mg #90, Flexeril 7.5 mg #90, and Lorcet Pulse 7.5/650 mg #60 was not submitted.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Tramadol 150 mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 93-94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

**Decision rationale:** The California MTUS Guidelines state the ongoing management of opioids should include the ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of clinical use of these controlled drugs. The clinical documentation provided for review lacks documentation related to the injured worker's pain before and after medication, decreased pain, increased level of function, or improved quality of life. In addition, the clinical information indicates that the injured worker has been utilizing tramadol prior to 10/15/2013. The physician indicates that the tramadol ER 2 by mouth daily results in a 4 point average diminution in pain on a scale of 10. The injured worker rates her pain at 8/10. There is a lack of documentation related to the therapeutic benefit of continued use of tramadol. In addition, the request as submitted failed to provide frequency and directions for use. Therefore, the request for tramadol 150 mg #90 is not medically necessary.

#### **Anaprox 550 mg # 90:**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67.

**Decision rationale:** The California MTUS Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is inconsistent evidence for the use of NSAIDs to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis. According to the clinical note dated 10/15/2013, the injured worker utilizes NSAIDs to decrease achy somatic

pain and averages a 3 point drop on a 10 scale. The injured worker rates her pain as 8/10. In addition, the physician notes that the injured worker states that this achy pain component was present prior to NSAIDs. The guidelines recommend the lowest dose possible for the shortest period in patients with moderate to severe pain. According to the documentation, the injured worker has utilized Anaprox prior to 10/15/2013. The ongoing therapeutic benefit of NSAIDs is not documented within the clinical information provided for review. In addition, the request as submitted failed to provide frequency and directions for use. Therefore, the request for Anaprox 550 mg #90 is not medically necessary.

**Flexeril 7.5 mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASMODICS Page(s): 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

**Decision rationale:** The California MTUS Guidelines recommend Flexeril as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The clinical information provided for review indicates that the injured worker has been utilizing cyclobenzaprine prior to 10/15/2013. The clinical note dated 10/15/2013, the physician indicates that cyclobenzaprine decreases spasms with heightened activity level, exercise, and improved motion. In addition, the physician indicates the injured worker stated that she had a 4 point decrease in pain on a scale of 10. The injured worker rates her pain at 8/10. The guidelines recommend cyclobenzaprine as a short course of therapy. In addition, it states the effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. The clinical information provided for review lacks documentation related to the ongoing therapeutic benefit of utilization of cyclobenzaprine. The continued utilization of cyclobenzaprine exceeds the recommended guidelines. In addition, the request as submitted failed to provide frequency and directions for use. Therefore, the request for Flexeril 7.5 mg #90 is not medically necessary.

**Lorcet Plus 7.5/650 mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

**Decision rationale:** The California MTUS Guidelines recommend the ongoing management of opioid use should include the ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. According to the documentation provided for review, the injured worker has been utilizing Lorcet prior to 10/15/2013. The physician indicates that the injured worker utilizes 2 to 3 tablets

a day instead of 6 per day, with the addition of Tramadol. The Hydrocodone drug is reserved for breakthrough pain, according to the physician. There is a lack of documentation related to the therapeutic benefit of the ongoing use of Lorcet Plus. In addition, the request as submitted failed to provide frequency and directions for use. Therefore, the request for Lorcet Plus 7.5/650 mg #60 is not medically necessary.