

<b>Case Number:</b>	CM14-0026970		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	08/23/2011
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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 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 injured worker is a 67-year-old female who reported an injury on 08/23/2011. The mechanism of injury was noted to be a sticky transmission that jerked injuring the worker inside. The prior treatments were noted to be medications and injections. Her diagnoses were noted to be lumbar spine degenerative disc disease, lumbar facet syndrome, right hand 1st carpometacarpal degenerative joint disease and bilateral knee degenerative joint disease. A physical examination on 12/11/2013 noted the injured worker complaining of low back pain and a grinding sensation she felt when sitting in a chair and when getting up. She felt crepitus in her low back. She also complained of radicular symptoms in her bilateral leg radiating down the posterior lateral thigh. She denied any bowel or bladder incontinence. She did have some difficulty ambulating. The physical examination of the lumbar spine revealed tenderness to palpation over the lumbar paraspinal musculature. There was loss of lordosis of the lumbar spine. There was positive straight leg raise bilaterally. The neurological examination noted the injured worker had weakness in bilateral lower extremities. It was noted her sensation was intact. The reflexes were normal. The treatment plan included a duration for further injections. The provider's rationale for the request was not provided within the documentation. A request for authorization for medical treatment was submitted and dated 01/14/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325 MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80-82. Decision based on Non-MTUS Citation Non-MTUS ACOEM Practice Guidelines, Updated Back Chapter, 2007 and on the Non-MTUS Official Disability Guidelines (ODG), Pain Chapter and on the Non-MTUS ACOEM Practice Guidelines, Third Edition, pages 111-113 and on the Non-MTUS Washington State Department of Labor: Guidelines For Prescribing Opioids To Treat Pain In Injured Workers.

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

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines provide 4 domains that are relevant for ongoing monitoring of chronic pain patients on opioids. These include pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the 4A's (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should effect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The clinical documentation should include pain relief, functional status, appropriate medication use and side effects. A pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. A satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The clinical evaluation fails to provide an adequate pain assessment according to the guidelines recommendations. In addition, the request fails to provide a frequency. As such, the request for Norco 10/325 mg quantity 60 is not medically necessary.

**TRAMADOL 150 MG #30 (FOR DOS 1/14/14):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80-82. Decision based on Non-MTUS Citation Non-MTUS ACOEM Practice Guidelines, Updated Back Chapter, 2007 and on the Non-MTUS Official Disability Guidelines (ODG), Pain Chapter and on the Non-MTUS ACOEM Practice Guidelines, Third Edition, pages 111-113 and on the Non-MTUS Washington State Department of Labor: Guidelines For Prescribing Opioids To Treat Pain In Injured Workers.

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

**Decision rationale:** The request for tramadol 150 mg quantity 30 (for DOS 01/14/2014) is non-certified. The California MTUS Chronic Pain Medical Treatment Guidelines provide 4 domains that are relevant for ongoing monitoring of chronic pain patients on opioids. These include pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the "4A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should effect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The clinical

documentation should include pain relief, functional status, appropriate medication use and side effects. Pain assessment should include: Current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The clinical evaluation fails to provide an adequate pain assessment according to the guidelines recommendations. In addition, the request fails to provide a frequency. As such, the request for tramadol 150 mg quantity 30 (for DOS 01/14/2014) is non-certified.