

<b>Case Number:</b>	CM14-0029232		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	07/05/2012
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	02/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/07/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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 34-year-old male with a 7/5/12 date of injury. There is documentation of subjective neck pain and mid back pain rated as a 9 out of 10 and difficulty performing activities of daily living. There are objective findings of tenderness to palpation over the cervical paravertebral musculature from C5-6 with muscle spasms and pain with flexion, extension and rotation. Current diagnoses are chronic pain, cervical facet arthropathy, and cervical radiculitis. Treatment to date includes ongoing therapy with Naproxen, Hydrocodone/APAP and Tramadol with decrease in pain levels. In addition, medical report identifies a pain contract.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**one (1) prescription of Hydrocodone/APAP 10/325mg #90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-80.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the

lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of chronic pain, cervical facet arthropathy, and cervical radiculitis. In addition, there is documentation of chronic severe chronic pain. Furthermore, given documentation of a pain contract, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, despite documentation of decrease in pain levels with Hydrocodone/APAP, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Hydrocodone/APAP. Therefore, based on guidelines and a review of the evidence, the request for one (1) prescription of Hydrocodone/APAP 10/325mg #90 is not medically necessary and appropriate.

**one (1) prescription of Tramadol HCL 50mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-80.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; as criteria necessary to support the medical necessity of Opioids. In addition, specifically regarding Tramadol, MTUS Chronic Pain Medical Treatment Guideline identifies documentation of moderate to severe pain and Tramadol used as a second-line treatment (alone or in combination with first-line drugs), as criteria necessary to support the medical necessity of Tramadol. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of chronic pain, cervical facet arthropathy, and cervical radiculitis. In addition, there is documentation of chronic severe pain and Tramadol used as a second-line treatment (in combination with first-line drugs (Naproxen)). Furthermore, given documentation of a pain contract, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, despite documentation of decrease in pain levels with use of Tramadol, there is no documentation of functional benefit or improvement as an increase

in activity tolerance as a result of use of Tramadol. Therefore, based on guidelines and a review of the evidence, the request for one (1) prescription of Tramadol HCL 50mg #60 is not medically necessary and appropriate.