

<b>Case Number:</b>	CM14-0032359		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	10/12/2011
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	02/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/14/2014

### 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:

According to the records made available for review, this is a 38-year-old male with a 10/12/11 date of injury and status post left shoulder arthroscopy 9/23/13. At the time (2/12/14) of request for authorization for Tramadol ER 150mg #30 between 2/12/2014 and 4/22/2014 and Naproxen 550mg #60 between 2/12/2014 and 4/22/2014, there is documentation of subjective (left shoulder pain rated as a 7 out of 10, neck pain, and difficulty sleeping and depression due to chronic pain) and objective (decreased left shoulder range of motion with tenderness over the acromioclavicular joint) findings, current diagnoses (discogenic cervical condition with a radicular component down the upper extremities, impingement syndrome of the left shoulder, and stress/tension/depression), and treatment to date (ongoing therapy with Norco and Naproxen since at least 9/30/13). In addition, medical report plan identifies start patient on Tramadol for long-acting pain relief, as the patient is trying to wean himself off of narcotics. Regarding Tramadol ER 150mg #30 between 2/12/2014 and 4/22/2014, 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. Regarding Naproxen 550mg #60 between 2/12/2014 and 4/22/2014, there is no documentation of exacerbations of chronic pain and 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 Naproxen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol ER 150mg #30 between 2/12/2014 and 4/22/2014:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, and MTUS Title 8, California Code of Regulations, section 9792.20 Page(s): 74-80; 113.

**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 discogenic cervical condition with a radicular component down the upper extremities, impingement syndrome of the left shoulder, and stress/tension/depression. In addition, there is documentation of moderate to severe pain and Tramadol used as a second-line treatment (in combination with first-line drugs (NSAIDs)). However, despite documentation of a plan identifying start patient on Tramadol for long-acting pain relief, as the patient is trying to wean himself off of narcotics, 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. Therefore, based on guidelines and a review of the evidence, the request for Tramadol ER 150mg #30 between 2/12/14 and 4/22/14 is not medically necessary.

**Tramadol ER 150mg #30 between 2/12/2014 and 2/12/2014:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, and the MTUS Title 8, California Code of Regulations, section 9792.20 Page(s): 74-80; 113.

**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 discogenic cervical condition with a radicular component down the upper extremities, impingement syndrome of the left shoulder, and stress/tension/depression. In addition, there is documentation of moderate to severe pain and Tramadol used as a second-line treatment (in combination with first-line drugs (NSAIDs). However, despite documentation of a plan identifying start patient on Tramadol for long-acting pain relief, as the patient is trying to wean himself off of narcotics, 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. Therefore, based on guidelines and a review of the evidence, the request for Tramadol ER 150mg #30 between 2/12/2014 and 2/12/2014 is not medically necessary.

**Naproxen 550mg \$60 between 2/12/2014 and 4/22/2014:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Naproxen.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), and the MTUS Title 8, California Code of Regulations, section 9792.20. Page(s): 67-68.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. 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 discogenic cervical condition with a radicular component down the upper extremities, impingement syndrome of the left shoulder, and stress/tension/depression. In addition, there is documentation of chronic pain. However, there is no documentation of exacerbations of chronic pain. In addition, given documentation of ongoing treatment with Naproxen since at least 9/30/13, 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 Naproxen. Therefore, based on guidelines and a review of the evidence, the request for Naproxen 550mg #60 between 2/12/2014 and 4/22/2014 is not medically necessary.