

<b>Case Number:</b>	CM14-0036125		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	10/31/2007
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	02/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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 Emergency Medicine 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 55 year-old female, who sustained an injury on October 31, 2007. The mechanism of injury occurred while lifting a case of supplies. Diagnostics have included: February 13, 2013 cervical spine MRI which was reported as showing old degenerative disc disease without spinal canal or foramina stenosis; Right shoulder MRI (no date noted) which was reported as showing rotator cuff full-thickness tear and AC joint degeneration; February 29, 2008 right wrist MRI which was reported as showing increased signal at the triagnulofibrocartilage. Treatments have included: medications, physical therapy, functional restoration program completed November 2013, left shoulder arthroscopic decompression, acromioplasty, synovectomy and bursectomy on June 1, 2012, right shoulder surgery, bilateral carpal tunnel release, chronic pain syndrome. The current diagnoses are: cervical degenerative disc disease, cervical radiculopathy, cervical facet arthralgia, bilateral rotator cuff syndrome, left medial and lateral epicondylitis, bilateral carpal tunnel syndrome, depression, rotator cuff syndrome status post bilateral shoulder surgery. The stated purpose of the request for Norco 10/325mg #60mg, was to provide pain relief. The request for Norco 10/325mg #60mg, was denied on February 25, 2014, citing a lack of documentation of recent drug screening nor the rationale for multiple short-acting opiates, especially in light of reported successful recent completion of a functional restoration program. The stated purpose of the request for Fentanyl 12mcg patch #10, was to provide pain relief. The request for Fentanyl 12mcg patch #10, was denied on February 25, 2014, citing a lack of documentation of recent drug screening nor the rationale for multiple short-acting opiates, especially in light of reported successful recent completion of a functional restoration program. The stated purpose of the request for Ultracet 37.5/325 #30, was to provide pain relief. The request for Ultracet 37.5/325 #30, was denied on February 25, 2014, citing a lack of documentation of recent drug screening nor the rationale for

multiple short-acting opiates, especially in light of reported successful recent completion of a functional restoration program. The stated purpose of the request for Ultram was to provide pain relief. The request for Ultram was denied on February 25, 2014, citing a lack of documentation of recent drug screening nor the rationale for multiple short-acting opiates, especially in light of reported successful recent completion of a functional restoration program. The stated purpose of the request for Omeprazole 20mg BID #60, was not noted. The request for Omeprazole 20mg BID #60, was denied on February 25, 2014, citing a lack of documentation of GI complaints or GI risk factors. Per the report dated February 19, 2014, the treating physician noted complaints of increased pain, rated as VAS 4-8/10. The injured worker had completed a functional restoration program with benefit. Exam findings included reduced cervical range of motion with spasm and tenderness to palpation, reduced left forearm and hands motion.

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

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

**Norco 10/325mg #60mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78-82.

**Decision rationale:** CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit and opiate surveillance measures. The injured worker has increased pain despite a reportedly successful functional restoration program. The treating physician has documented cervical range of motion restriction with spasm and tenderness. The treating physician has not documented: VAS pain quantification with and without medications, objective evidence of derived functional benefit from previous use, evidence of current executed narcotic pain contract, opiate risk surveillance nor results of urine drug screening. The criteria noted above has not been met. Therefore, the request for Norco 10/325mg #60mg is not medically necessary.

**Fentanyl 12mcg patch #10: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78-82.

**Decision rationale:** CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of

derived functional benefit and opiate surveillance measures. The injured worker has increased pain despite a reportedly successful functional restoration program. The treating physician has documented cervical range of motion restriction with spasm and tenderness. The treating physician has not documented: VAS pain quantification with and without medications, objective evidence of derived functional benefit from previous use, evidence of current executed narcotic pain contract, opiate risk surveillance nor results of urine drug screening. The criteria noted above has not been met. Therefore, the request for Fentanyl 12mcg patch #10 is not medically necessary.

**Ultracet 37.5/325 #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78-82.

**Decision rationale:** CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit and opiate surveillance measures. The injured worker has increased pain despite a reportedly successful functional restoration program. The treating physician has documented cervical range of motion restriction with spasm and tenderness. The treating physician has not documented: VAS pain quantification with and without medications, objective evidence of derived functional benefit from previous use, evidence of current executed narcotic pain contract, opiate risk surveillance nor results of urine drug screening. Also, per New FDA warning, Ultram is now considered to place certain patients at higher risk for suicide. These patients include those that are: 1. suicidal, 2. suffering from emotional disturbance or depression, 3. addiction-prone, 4. taking tranquilizers or anti-depressant drugs, 5. use alcohol in excess. This injured worker has a documented history of depression and use of anti-depressant medication. The criteria noted above has not been met. Therefore, the request for Ultracet 37.5/325 #30 is not medically necessary.

**Ultram:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78-82.

**Decision rationale:** CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit and opiate surveillance measures. The injured worker has increased pain despite a reportedly successful functional restoration program. The treating physician has

documented cervical range of motion restriction with spasm and tenderness. The treating physician has not documented: VAS pain quantification with and without medications, objective evidence of derived functional benefit from previous use, evidence of current executed narcotic pain contract, opiate risk surveillance nor results of urine drug screening. Also, per New FDA warning, Ultram is now considered to place certain patients at higher risk for suicide. These patients include those that are: 1. suicidal, 2. suffering from emotional disturbance or depression, 3. addiction-prone, 4. taking tranquilizers or anti-depressant drugs, 5. use alcohol in excess. This injured worker has a documented history of depression and use of anti-depressant medication. The criteria noted above has not been met. Therefore, the request for Ultram is not medically necessary.

**Omeprazole 20mg BID #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** Worker's Compensation Medical Treatment Utilization Schedule 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69, note that Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA) and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors. The injured worker has increased pain despite a reportedly successful functional restoration program. The treating physician has documented cervical range of motion restriction with spasm and tenderness. The treating physician has not documented GI complaints, GI risk factors nor derived symptomatic or functional benefit from previous use. The criteria noted above has not been met. Therefore, the request for Omeprazole 20mg BID #60 is not medically necessary.