

Case Number:	CM14-0056596		
Date Assigned:	07/09/2014	Date of Injury:	05/06/2000
Decision Date:	08/26/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	04/25/2014

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 California, has a subspecialty in Anesthesiology and is licensed to practice in Pain Medicine. 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 54 year old female who sustained an injury on 05/06/00 while performing her normal job tasks. The mechanism of injury is cumulative trauma type injury. The injured worker developed complaints of pain in the shoulder, back, and knees; and was previously treated with physical therapy acupuncture treatment and multiple medications. Medications include multiple narcotics including Norco, Tramadol, and Oxycodone. The injured worker also utilized muscle relaxers in the past. Clinical note dated 03/03/14 reported continuing complaints of pain in the right shoulder, neck back, and left knee. The injured worker was compliant with medications. Pain scores were 9/10 in severity and were exacerbated by performing normal activities of daily living. Medications at this visit included Norco 10/325 milligrams every six hours as needed for pain, Tramadol extended release 150 milligrams daily, Lidoderm 5 percent patch, Terocin lotion, Celebrex 200 milligrams daily, and Tizanidine 4 milligrams twice daily. Physical examination noted: limited range of motion in the cervical spine, limited range of motion in the bilateral shoulders, lumbar spine; weakness in the upper and lower extremities. At this visit the injured worker was prescribed Oxycodone 5 milligrams every six hours for breakthrough pain and Tramadol extended release 150 milligrams was continued. Clinical record noted that the injured worker had good results with Norco and was able to function throughout the day. Follow up on 03/31/14 noted no change in location of symptoms. Pain scores were approximately 7/10 in severity. The injured worker reported 60 to 80 percent relief with medications including Oxycodone, Tramadol, and Norco. Physical examination findings remained unchanged. The injured worker was seen again on 05/15/14 with continuing complaints of pain in the neck bilateral upper extremities and low back rating 6/10 visual analog scale(VAS). The injured worker continued to report between 60 to 80 percent pain relief with medications. It was documented Norco and Oxycodone were still being prescribed every six

hours for pain and Tramadol extended release 150 milligrams in the morning. Physical examination noted some improvement in upper extremity strength as compared to prior evaluations. There continued to be positive impingement signs bilaterally and Spurling signs. The requested Norco 10/325 milligrams, Tramadol extended release 150 milligrams, and Oxycodone 5 milligrams were denied by utilization review on 04/16/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review of Norco 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-82. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Pain chapter; Washington State Dept of Labor: Guidelines for prescribing Opioids to treat Pain in Injured Workers.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: The request for this medication is not medically necessary based on clinical documentation submitted for review and current evidence based guidelines. From the clinical documentation submitted for review the injured worker had severe pain scores ranging up to 9/10 on visual analog scale (VAS) despite multiple analgesics for pain including Norco and Tramadol. There was no documentation of any compliance measures, such as toxicology results which would be recommended given the amount of medications being prescribed to the injured worker for pain. Guidelines recommend there be ongoing assessments establishing the safety establishing the efficacy and in terms of pain relief and functional improvement with short acting narcotics or other analgesics such as Norco, Tramadol, or Oxycodone. The clinical documentation submitted for review did not establish any clear functional improvement being obtained with the use of narcotics; therefore, this request is not medically necessary.

Retrospective review of Tramadol ER 150mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-82. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Pain chapter; Washington State Dept of Labor: Guidelines for prescribing Opioids to Treat Pain in Injured Workers.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: The request for this medication is not medically recommended based on clinical documentation submitted for review and current evidence based guidelines. It was noted that the injured worker had severe pain scores ranging up to 9/10 on visual analog scale (VAS) despite multiple analgesics for pain including Norco and Tramadol. There was no documentation of any compliance measures such as toxicology results which would be recommended given the

amount of medications being prescribed to the injured worker for pain. Medical Treatment Utilization Schedule (MTUS) Guidelines recommend ongoing assessments establishing the safety establishing the efficacy and in terms of pain relief and functional improvement with short acting narcotics or other analgesics such as Norco, Tramadol, and Oxycodone. As the clinical documentation submitted for review did not establish any clear functional improvement being obtained with the use of narcotics, this request is not medically necessary.

Retrospective review of Oxycodone 5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-82. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Pain chapter; Washington State Dept of Labor: Guidelines for prescribing Opioids to Treat Pain in Injured Workers.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: The clinical documentation submitted for review noted the injured worker had severe pain scores ranging up to 9/10 on visual analog scale (VAS) despite multiple analgesics for pain including Norco and Tramadol. There was no documentation of any compliance measures such as toxicology results which would be recommended given the amount of medications being prescribed to the injured worker for pain. Medical Treatment Utilization Schedule (MTUS) guidelines recommend ongoing assessments establishing the safety, efficacy in terms of pain relief, and functional improvement with short acting narcotics; or other analgesics such as Norco, Tramadol, and Oxycodone. As the clinical documentation submitted for review did not establish any clear functional improvement being obtained with the use of narcotics, therefore, this request is not medically necessary.