

<b>Case Number:</b>	CM14-0058403		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	09/27/2003
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	04/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2014

### 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:

This 42 year-old patient sustained an injury on 9/27/03 while employed by [REDACTED]. Request under consideration include Hydrocodone/APAP 7.5/325 mg #180 3/19/14-3/19/14 and Tramadol 50 mg #120 3/19/14-3/19/14. Report from PA-c for the provider noted the patient continuing to treat for chronic ongoing radicular neck and low back pain with radiating into bilateral upper and lower extremities; left shoulder and left knee pain. Exam noted diffuse tenderness of cervical and lumbar paraspinals; left AC joint; diffuse decreased motor strength throughout C5-6 nerve roots with decreased sensation of L4-S1 dermatomes; left shoulder with positive impingement; positive cervical Spurling's and compression testing. Conservative care has included medications, Supartz injections for the knees, s/p cervical fusion, injections, physical therapy, and modified activities/rest. The request for Hydrocodone/APAP 7.5/325mg #180 3/19/14-3/19/14 and Tramadol 50mg #120 3/19/14-3/19/14 were non-certified on 4/2/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP 7.5/325mg #180 3/19/14-3/19/14:** 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): 74-96.

**Decision rationale:** It is unclear why the patient is being prescribed two short-acting opiates (Hydrocodone/APAP and Tramadol). The patient has persistent chronic pain without change in clinical findings or functional status. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or returned to work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of two short-acting opioids with persistent severe pain. The Retrospective request for Hydrocodone/APAP 7.5/325 mg, #180 with DOS: 3/19/14 was not medically necessary and appropriate.

**Tramadol 50mg #120 3/19/14-3/19/14:** 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): 74-96.

**Decision rationale:** It is unclear why the patient is being prescribed two short-acting opiates (Hydrocodone/APAP and Tramadol). The patient has persistent chronic pain without change in clinical findings or functional status. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or returned to work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is

no demonstrated evidence of specific functional benefit derived from the continuing use of two short-acting opioids with persistent severe pain. The Retrospective request for Tramadol 50 mg, #120 with DOS: 3/19/14 was not medically necessary and appropriate.