

<b>Case Number:</b>	CM14-0096444		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	09/27/2003
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	05/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain 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 42-year-old male who reported an injury on 09/27/2003. The mechanism of injury was not provided. The injured worker has a history of neck, back, left shoulder, and bilateral knee pain. The injured worker has a diagnoses of chronic cervical musculoligamentous sprain/strain with 3 mm herniation. MRI, shows anterior cervical fusion decompression of the cervical spine, lumbar disc annular tear, left shoulder posterior labral tear, left shoulder subacromial impingement, rotator cuff tendinitis and bilateral chondromalacia patella. Status post fall injury to the right shoulder on 01/20/2011, right shoulder arthroscopy subacromial decompression, status post left knee arthroscopy surgery with medial meniscal repair on 09/2003 with residual chondromalacia patella and osteoarthritis, L4-5 and L5-S1, annular tears with 2 to 3 mm disc protrusions per MRI of 12/19/2013, and gastropathy secondary to medication intake. Past treatments included medication. Diagnostic studies included MRI on 12/19/2013 that revealed gastropathy secondary to medication use. Surgeries included left knee arthroscopic surgery with medial meniscus repair in 09/ 2003. Upon exam on 05/05/2014, the injured worker complained of cervical and lumbar spine pain, left shoulder pain, and bilateral knee pain. The pain rated 4/10 for the cervical spine, a 2/10 for the lumbar spine, and a 6/10 for the bilateral knees. Examination of the cervical spine revealed limited range of motion. There was tenderness to palpation all over the trapezius and bilateral paravertebral muscles. Examination of the lumbar spine revealed limited range of motion. There was bilateral tenderness and palpation over the paraspinal muscles. Examination of the bilateral knees revealed full range of motion with pain and crepitation on range of motion. Medications included Hydrocodone/APAP 7.5/325 mg, Tramadol 50 mg, and Prilosec 20 mg. The treatment plan is for Retrospective request of Hydrocodone/APAP 7.5/325mg, qty 180, DOS 05/05/14, Retrospective request for Tramadol 50mg, qty 120, DOS 05/05/14, and Retrospective request for Prilosec 20mg, qty 60. The

rationale for Prilosec is the injured worker's description of gastric symptoms and history of NSAID usage. The provider recommends Prilosec to address the gastrointestinal complaints. The rationale for Hydrocodone/APAP was for the injured worker's continued moderate to moderately severe pain. The rationale for Tramadol was the injured worker's continued moderate to severe pain affecting his lumbar spine with neuropathic pain involving the bilateral lower extremities. The provider prescribed tramadol as a second line therapy, as the injured worker tried and failed other first line therapies including activity restrictions, medication, and home exercise. The Request for Authorization is dated 05/21/2014.

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

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

**Retrospective request for Hydrocodone/APAP 7.5/325mg, qty 180, DOS 05/05/14:** 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 Page(s): 78.

**Decision rationale:** The retrospective request for Hydrocodone/APAP 7.5/325 mg, qty 180, is non-certified. The injured worker has a history of back, shoulder, and knee pain. The California MTUS Guidelines recommend the use of opioids as a second line short-term treatment for management of moderate to moderately severe pain after non-opioid analgesics have failed. Chronic pain patients without any evidence of dependency, abuse, or side effects may continue the use of opioids, if there is documented functional improvement or a significant decrease in pain intensity noted or if the patient has been able to return to work. The injured worker has been on opioids since 2010. There were no documented functional improvements noted. He was noted to have side effects from opioids including gastrointestinal symptoms. There is no documentation of a urine drug screen being provided. There is no frequency for said medication request. As such, the Retrospective request for Hydrocodone/APAP 7.5/325 mg, qty 180, DOS 05/05/14 is not medically necessary.

**Retrospective request for Tramadol 50mg, qty 120, DOS 05/05/14:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, page(s) 93 Page(s): 93.

**Decision rationale:** The Retrospective request for Tramadol 50 mg, qty 120, is non-certified. The injured worker has a history of pain to the back, neck, shoulders, and knees. The California Guidelines recommend tramadol for moderate to severe pain. Tramadol is a synthetic opioid. The side effects from tramadol include nausea, vomiting, and diarrhea. The ACOEM Guidelines suggest the use of tramadol only as a second line of treatment since there is only limited

assessment of their effectiveness of neuropathic pain. The injured worker has been taking tramadol since 2012. However, there is no evidence of any significant quantifiable functional improvement for said medication. There is no medical necessity for tramadol at this time. Tramadol also has gastrointestinal indications as a side effect. The injured worker takes medication for gastrointestinal problems. As such, the Retrospective request for Tramadol 50 mg, qty 120, is not medically necessary.

**Retrospective request for Prilosec 20mg, qty 60, DOS 05/05/14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitor, page(s) 68 Page(s): 68.

**Decision rationale:** The Retrospective request for Prilosec 20 mg, qty 60, is non-certified. The injured worker has a history of shoulder, neck, back, and knee pain. The California MTUS Guidelines recommend proton pump inhibitors (PPIs) for patients at intermediate risk for gastrointestinal events and no cardiac neurovascular disease. The PPIs are used in conjunction with prolonged use of NSAIDs. The Guidelines also state that long-term use has been shown to increase the risk of hip fracture. The injured worker has a history of gastropathy secondary to medication use. Gastropathy was not addressed within the previous exam. The injured worker's last documented stomach related incident from medication was back in 06/2013 with the use of naproxen. There is a lack of documentation of need for said medication at this time. As such, the Retrospective request for Prilosec 20 mg, qty 60, is not medically necessary.