

<b>Case Number:</b>	CM14-0184775		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	01/25/2012
<b>Decision Date:</b>	01/02/2015	<b>UR Denial Date:</b>	10/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2014

### 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 Interventional Spine 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 patient is a 35 year old male with an injury date of 01/25/14. As per QME report dated 09/09/14, the patient complained of pain in neck and lower back. The lower back pain radiated to bilateral hips and legs. The back pain is rated at 6-9/10 and the neck pain is rated at 6/10. The shoulder pain is rated at 6-7/10, the hip pain at 6/10, and left knee pain at 7/10. He has symptoms associated with carpal tunnel syndrome including numbness in both hands, left greater than right. The patient also experiences headaches two to three times a week. Each episode lasts for three to four hours and involves throbbing pain in the sides and front of his head. The pain is rated at 8-9/10. The patient can only walk for 10 to 15 minutes, and excessive walking aggravates the pain. The pain has also affected his ability to sit, stand, bend, squat and lift. There is tenderness in multiple areas including the cervical spine, bilateral wrists, lumbar spine, bilateral hips, bilateral knees, and left ankle at the TF Ligament, as per the Utilization Review Denial Letter. The patient also suffers from panic attacks and anxiety, as per psychiatric evaluation dated 06/23/14. The patient has received physical therapy along with cortisone shots, as per the QME report dated 09/09/14. Medications, as per the same report, include Cymbalta for depression and Clonazepam for anxiety. Diagnosis, as per Utilization Review Denial Letter- Brachial radiculitis- Carpal tunnel syndrome- Lumbar radiculopathy- Hip enthesopathy. The medication is not recommended for long-term use and the records do not provide an alternate rationale to support its use." Treatment reports were provided from 05/16/14 - 09/09/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Retro prescription for tramadol HCL 50mg sig qty: 60 Ref 2: 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): 88,89,78.

**Decision rationale:** The patient presents with pain in neck and lower back that radiates down to bilateral hips and legs. The pain ranges from 6-9/10, as per QME report dated 09/09/14. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The available medical records do not mention a Tramadol prescription. There is no indication as to when this medication was prescribed for the first time. The treater does discuss how it helps to manage pain and improve function. There are no urine drug screen records. The reports fail to discuss the side effects associated with Tramadol. The treater fails to specifically address the four A's with regards to Tramadol as well. There is no information about analgesia, specific ADL's, adverse reactions, and aberrant behavior, as required by MTUS. The request is not medically necessary.

**1 Retro prescription for hydrocodone (Norco)/apap 10/325mg tablet sig Qty: 120 Ref 2: 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): 88,89,78.

**Decision rationale:** The patient presents with pain in neck and lower back that radiates down to bilateral hips and legs. The pain ranges from 6-9/10, as per QME report dated 09/09/14. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The available medical records do not mention a Hydrocodone prescription. There is no indication as to when this medication was prescribed for the first time. The treater does discuss how it helps to manage pain and improve function. There are no urine drug screen records. The reports fail to discuss the side effects associated with Hydrocodone. The treater fails to specifically address the four A's with regards to Tramadol as well. There is no

information about analgesia, specific ADL's, adverse reactions, and aberrant behavior, as required by MTUS. The request is not medically necessary.

**1 Retro prescription for Omeprazole Dr. 20mg Capsule sig Qty: 30 Ref 2: Upheld**

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

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

**Decision rationale:** The patient presents with pain in neck and lower back that radiates down to bilateral hips and legs. The pain ranges from 6-9/10. MTUS pg69 states "NSAIDs, GI symptoms and cardiovascular risk: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." The available medical records do not mention an Omeprazole prescription. There is no indication as to when this medication was prescribed for the first time. The reports do not discuss NSAID prescriptions as well. Furthermore, there is no information regarding history of peptic ulcers, GI bleeding, or perforation. There is lack of information pertinent to the request to make a decision based on MTUS guidelines. The request is not medically necessary.

**1 Retro prescription for Carisoprodol 350mg sig Qty: 60 Ref 2: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

**Decision rationale:** The patient presents with pain in neck and lower back that radiates down to bilateral hips and legs. The pain ranges from 6-9/10, as per QME report dated 09/09/14. MTUS, Chronic Pain Medication Guidelines, Muscle Relaxants, page 63-66: "Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." The available medical records do not mention Carisoprodol prescription. There is no indication as to when this medication was prescribed for the first time. MTUS guidelines do not recommend the use of muscle relaxants such as Carisoprodol for more than 2 to 3 week period. There is lack of information pertinent to the request such as a flare-up of symptoms for a short-term use of this medication to recommend authorization based on MTUS guidelines. The request is not medically necessary.