

<b>Case Number:</b>	CM14-0189848		
<b>Date Assigned:</b>	11/21/2014	<b>Date of Injury:</b>	07/16/2008
<b>Decision Date:</b>	01/08/2015	<b>UR Denial Date:</b>	10/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2014

### 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:

This is a patient with a reported date of injury on 7/16/2008. Mechanism of injury is described as a slip and fall. Patient has a diagnosis of cervical sprain, right shoulder impingement syndrome and carpal tunnel syndrome. Patient is post left carpal tunnel decompression and left index finger trigger finger release on 2010; right shoulder subacromial decompression in 5/2011; right carpal tunnel release and Guyon's canal release and cubital tunnel release on 9/18/13. Medical reports were reviewed. Last report available until 10/9/14. Patient complains of neck and bilateral upper extremity pain. Pain radiates to bilateral shoulders. Pain is sharp and shooting. Pain is rated 7/10 without medications and 4-6/10 with medications. Note mentions increase in ability to walk and perform activity of daily living with medications. Objective exam reveals decreased right hand grip, allodynia to light touch to right lateral thumb, positive Tinel's sign on right sign. Mild pain with ranging neck. Tenderness to bilateral epicondyle, tenderness to palpation bilateral AC joint. Note mentions that patient has functional decline due to denial of medications. Patient has chronic pain and patient has not had opioids for a month. Note mentions a narcotic agreement and no signs of risks of drug abuse. Urine Drug Screen on 2/6/14 was negative. EMG/NCV of left upper extremity on 10/29/2009 reveals left carpal tunnel syndrome. Current Medications include Norco, Tramadol, Butrans and Gabapentin. Treatments include medications, rest, TENS, PT, injections and surgeries. Independent Medical Review is for Norco 10/325mg #60, Tramadol 50mg #180 and Butrans 20mcg #4. Prior UR on 10/16/24 recommended non-certification. It approved Gabapentin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**(60) tablets of Norco 10/325mg: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76.

**Decision rationale:** Norco is acetaminophen and hydrocodone, an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Patient has chronic pain that is not likely to spontaneously improve and patient is not a surgical candidate. Patient has appropriate documentation of improvement in pain and function with opioid therapy. There is appropriate documentation of monitoring. The number of Norco tablets and twice a day use is appropriate. The request is medically necessary.

**(180) tablets of Tramadol 50mg: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76.

**Decision rationale:** Tramadol is a direct Mu-Agonist, an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Patient has chronic pain that is not likely to spontaneously improve and patient is not a surgical candidate. Patient has appropriate documentation of improvement in pain and function with opioid therapy. There is appropriate documentation of monitoring. However, patient has been off meds for a month. Recommendation is gradual restart or continued use of pain treatment with medications with least side effects or drug interactions. Tramadol in combination with Butrans and Gabapentin increases risk of seizures and other CNS side effects. The requested number of tablets also exceeds the 4 tablets a day prescription directions. The request is not medically necessary.

**(4) Butrans Patches 20mcg: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27.

**Decision rationale:** Butrans is buprenorphine, an agonist-antagonist opioid. As per MTUS Chronic pain guidelines, it is often used to prevent opiate withdrawal but is also used for the

management of chronic pain. It has a lower abuse potential compared to other opioids. Patient is currently part of a drug monitoring program with urine drug testing and appropriate documentation of appropriate as per guidelines in the Opioid section of the MTUS. Patient has been off Butrans for at least one month due to prior denial. Patient has chronic pain that is not likely to improve without medical management and is not a surgical candidate. Prior records report improvement in pain with Butrans therapy. The request is medically necessary.