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| <b>Case Number:</b>   | CM14-0205406 |                              |            |
| <b>Date Assigned:</b> | 12/17/2014   | <b>Date of Injury:</b>       | 07/25/2008 |
| <b>Decision Date:</b> | 02/12/2015   | <b>UR Denial Date:</b>       | 11/12/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/08/2014 |

### 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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic hip pain reportedly associated with an industrial injury of July 20, 2008. In a Utilization Review Report dated November 12, 2014, the claims administrator failed to approve requests for tramadol and Norco. The claims administrator did, however, approve request for Lidoderm patches. A variety of progress notes were referenced, including a progress notes of September 24, 2014 and October 28, 2014, along with several historical Utilization Review Reports. In said October 28, 2014 progress note, the applicant reported ongoing complaints of hip pain. The applicant was using Cymbalta, Neurontin, tramadol, and Robaxin. Ongoing complaints of hip and knee pain were noted. The applicant did have issues with superimposed diabetes. The attending provider suggested that the applicant's lower extremity pain complaints could represent a function of lumbar radiculopathy versus peripheral neuropathy. The applicant weighed 450 pounds. 9/10 pain without medications versus 3/10 pain with medications was appreciated. The attending provider posited that the applicant's ability to do light chores was ameliorated as a result of ongoing medication consumption as were the applicant's ability to stand and squat. The applicant was asked to employ Neurontin and Cymbalta at a heightened dosage. Extended release tramadol for baseline pain and Norco for breakthrough pain were endorsed. The applicant's work status was not furnished.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol ER 100 #45:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the attending provider has posited that ongoing usage of tramadol has attenuated the applicant's pain complaints, ameliorated the applicant's ability to exercise, diminish the applicant's paresthesias, and improve the applicant's ability to perform household chores. While the applicant's work status has not been clearly outlined, it does appear that two of the three criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy have seemingly been met. Therefore, the request was medically necessary.

**Norco 10/325mg #75:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant has reported inappropriate reduction in pain scores with ongoing opioid therapy, including ongoing Norco usage. The attending provider has suggested that ongoing usage of Norco has ameliorated the applicant's ability to perform household chores, stand, walk, squat, and do daily exercises. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.