

<b>Case Number:</b>	CM14-0206065		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	08/10/2011
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	11/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 61-year-old man who sustained a work-related injury on August 10, 2011. Subsequently, the patient developed chronic neck, back, shoulder, knee, and wrists pain. MRI of the lumbar spine done on December 2011 showed a severe degenerative disc disease at L2-3, moderately at L5-S1, central disc protrusion at L4-5 with annular tear, right paracentral disc protrusion at L5-S1, and bilateral spinal stenosis over the L5-S1 level. EMG of the bilateral upper and lower extremities was performed on March 4, 2013 and documented right carpal tunnel syndrome and suggestive of bilateral S1 radiculopathy. Prior treatments included: medications, exercise program, shoulder cortisone injection, wrist guards, and TENS. According to a progress report dated December 16, 2014, the patient continued to manage his symptoms with the medications. He has attempted cutting back on the medications, but noticed that they were decreasing his pain levels significantly as well as improving his function. The patient rated his level of pain as a 9/10 without medications and 6/10 with medications. Over the last 4 to 5 days before the office visit, the patient had an increase in the low back pain off to the right side. He pointed at the SI joint, and it extends down to the right buttock, the proximal posterior right thigh, then wraps around towards the lateral thigh and then across the anterior knee and then down to the shin region. He stated the pain was pretty significant down to about the knee level than below the knee. It was an achy sensation towards the shin region. On examination, the patient had increased lower back pain with flexion. He was able to extend to about 30 degrees. Straight leg raise was negative bilaterally. He did have mild valgus deformity in the knees bilaterally. He had varicosities over the left medial knee with a bluish discoloration and some medial swelling. Knee range of motion appeared 0 to 120 degrees bilaterally. A UDS collected on September 23, 2014 was consistent. The patient was diagnosed with chronic low back pain, neck pain, chronic right knee pain, right shoulder pain, dermatitis from knee brace, left knee

pain, right carpal tunnel syndrome, bilateral S1 radiculopathy, and chronic myofascial back pain. The provider requested authorization for Ultram, Zanaflex, and Norco.

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

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

**Ultram 150mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

**Decision rationale:** According to MTUS guidelines, Ultram (Tramadol) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. Although, Tramadol may be needed to help with the patient pain, there is no clear evidence of objective and recent functional and pain improvement from its previous use. The patient has not been working for over 6 months. There is no objective documentation of pain severity level to justify the use of Ultram in this patient. There is no clear documentation of the efficacy/safety of previous use of Ultram. Therefore, the prescription of Ultram 150 mg is not medically necessary.

**Zanaflex 4mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

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

**Decision rationale:** According to MTUS guidelines, non-sedating muscle relaxants are recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient was previously treated with Zanaflex for at least more than 4 months, which is considered a prolonged use of the drug. There is no continuous and objective documentation of the effect of the drug on patient pain, spasm and

function. There is no recent documentation for recent pain exacerbation or failure of first line treatment medication. Therefore, the request for Zanaflex 4mg #60 is not medically necessary.

**Norco 5/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

**Decision rationale:** According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. According to the patient file, there is no objective documentation of pain functional improvement with narcotics. There is no documented updated and signed pain contract. Therefore, the prescription of Norco 5/325mg #60 is not medically necessary.