

<b>Case Number:</b>	CM14-0056720		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	08/01/1993
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	04/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 54 year old male who sustained an industrial injury on 08/01/93. He reports pain in the neck, upper extremities, left ankle, and headaches. Diagnoses include cervical and lumbar degenerative disc disease with facet arthropathy, thoracic spine sprain/strain syndrome with spondylolisthesis, bilateral peroneal neuropathy, bilateral knee internal derangement, left ankle traumatic arthritis, reactionary depression/anxiety, bilateral ulnar nerve entrapment, and medication induced gastritis. Treatments to date include medications, ESIs in the cervical and lumbar regions, and a Synvisc injection to his right knee. In a progress note dated 11/09/14 the treating provider recommends continued medications including Ultram, Norco, Anaprox, Prilosec, Xanax, Trazadone, Lexapro, and Zanaflex. The treatment plan also included trigger point injections in the office on the day of service, foot and ankle consultation, as well as an orthopedic second opinion regarding the right knee. On 11/1/14 Utilization Review non-certified the Anaprox, Norco, and Ultram, citing MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anaprox DS 550mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68; 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Medications for chronic pain Page(s): 22-60.

**Decision rationale:** The 53 year old patient complains of tenderness in posterior cervical musculature bilaterally along with decreased range of motion, as per progress report dated 04/09/14. The request is for ANAPROX DS 550 mg # 60. There is no RFA for this case, and the patient's date of injury is 08/01/93. The patient is morbidly obese and has an antalgic gait favoring the left lower extremity, as per progress report dated 04/09/14. Diagnoses included cervical degenerative disease with facet arthropathy, thoracic sprain/strain, lumbar degenerative disc disease, bilateral peroneal neuropathy, bilateral internal knee derangement, left ankle traumatic arthritis, reactionary depression, medication-induced gastritis, bilateral ulnar nerve entrapment, and diabetes mellitus. Medications included Norco, Anaprox, Ultram, Prilosec, Xanax, Trazodone, Lexapro and Zanaflex. The patient's condition is permanent and stationary, as per progress report dated 04/09/14. Regarding NSAIDs, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. MTUS page 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In this case, a prescription for Anaprox was prescribed on 01/16/14, and the patient has been taking the medication consistently at least since then. The treater, however, does not discuss the impact of the NSAID on patient's pain or function. MTUS guidelines require a record of improvement in function and reduction in pain for continued use of chronic pain medications. Therefore, the current request IS NOT medically necessary.

**Ultram ER 150mg, #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68; 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Hydrocodone Page(s): 76-78, 88-89, 90.

**Decision rationale:** The 53 year old patient complains of tenderness in posterior cervical musculature bilaterally along with decreased range of motion, as per progress report dated 04/09/14. The request is for ULTRAM ER 150 mg, # 30. There is no RFA for this case, and the patient's date of injury is 08/01/93. The patient is morbidly obese and has an antalgic gait favoring the left lower extremity, as per progress report dated 04/09/14. Diagnoses included cervical degenerative disease with facet arthropathy and bilateral upper extremity, thoracic sprain/strain, lumbar degenerative disc disease, bilateral peroneal neuropathy, bilateral internal knee derangement, left ankle traumatic arthritis, reactionary depression, medication-induced gastritis, bilateral ulnar nerve entrapment, and diabetes mellitus. Medications included Norco, Anaprox, Ultram, Prilosec, Xanax, Trazodone, Lexapro and Zanaflex. The patient's condition is permanent and stationary, as per progress report dated 04/09/14. 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. MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In this case, a prescription for Ultram is first noted in progress report dated 02/13/14, and the patient has been taking the medication consistently at least since then. Prior progress reports document the use of Norco. In progress report dated 04/09/14, the treater states that they routinely monitor the patient's pain and function and rely on CURES and UDS reports to assess the 'at risk' behavior. The treater, however, does not document these in the progress reports. There is no discussion regarding reduction in pain in terms of change in pain scale nor does the treater use a validated scale to demonstrate an increase function due to Ultram use. No UDS or CURES reports are available for review and the treater does not list the side effects associated with Ultram in this patient. MTUS guidelines require a clear discussion regarding the 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for continued opioid use. Hence, this request IS NOT medically necessary.

**Norco 10/325mg, #240:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68; 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** The 53 year old patient complains of tenderness in posterior cervical musculature bilaterally along with decreased range of motion, as per progress report dated 04/09/14. The request is for NORCO 10/325 mg. # 240. There is no RFA for this case, and the patient's date of injury is 08/01/93. The patient is morbidly obese and has an antalgic gait favoring the left lower extremity, as per progress report dated 04/09/14. Diagnoses included cervical degenerative disease with facet arthropathy and bilateral upper extremity, thoracic sprain/strain, lumbar degenerative disc disease, bilateral peroneal neuropathy, bilateral internal knee derangement, left ankle traumatic arthritis, reactionary depression, medication-induced gastritis, bilateral ulnar nerve entrapment, and diabetes mellitus. Medications included Norco, Anaprox, Ultram, Prilosec, Xanax, Trazodone, Lexapro and Zanaflex. The patient's condition is permanent and stationary, as per progress report dated 04/09/14. 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. MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In this case, a prescription for Norco is first noted in progress report dated 01/16/14, and the patient has been taking the medication consistently at least since then. In progress report dated 04/09/14, the treater states that they routinely monitor the patient's pain and function and rely on CURES and UDS reports to assess the 'at risk' behavior. The treater, however, does not document these in the progress reports. There is no discussion regarding reduction in pain in terms of change in

pain scale nor does the treater use a validated scale to demonstrate an increase function due to Norco use. No UDS or CURES reports are available for review and the treater does not list the side effects associated with Norco in this patient. MTUS guidelines require a clear discussion regarding the 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for continued opioid use. Hence, this request IS NOT medically necessary.