

<b>Case Number:</b>	CM15-0008546		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	12/09/1996
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	12/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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, Arizona

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 55-year-old male who reported an injury on 12/09/1996, due to cumulative trauma while performing normal job duties. The injured worker's treatment history included multiple surgical interventions and ultimately developed chronic pain. The injured worker's chronic pain was managed with extensive medications and the use of a TENS unit in combination with a home exercise program. The injured worker was evaluated on 11/05/2014. It was documented that the injured worker had no evidence of aberrant behavior. The injured worker's most recent urine drug screen was documented as inconsistent for Flexeril and Ultram. It was documented that the injured worker's last CURES report on 10/08/2014, was consistent. It was noted that the injured worker did suffer from constipation resulting from medication usage. The injured worker's pain without medications was a 10/10; however, it was reduced to a 9/10 with medications. The injured worker's diagnoses included lumbar disc disease and radiculitis. Physical findings included painful range of motion of the cervical and lumbar spine with a positive straight leg raising test. It was noted that the injured worker's neuropathy was relieved by 30% with Topamax. It was documented that the injured worker had been on the current treatment regimen since 2011. A request was made for refills of medications. The injured worker's medications included Norco 10 mg, Ultram 50 mg, Colace 100 mg, Cymbalta 60 mg, Flexeril 10 mg, Cosamin, Topamax 100 mg, Senokot and Nexium 40 mg. A Request for Authorization was submitted to support the request on 11/05/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram 50mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 77.

**Decision rationale:** The requested Ultram 50 mg #60 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends the ongoing use of opioids in the management of chronic pain be supported by documented functional benefit, an assessment of pain relief, managed side effects and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review does indicate that the injured worker has been on this medication for an extended duration of time. However, there is no documentation that the injured worker receives significant pain relief or functional benefit resulting from the use of this medication. Therefore, ongoing use of this medication would not be supported. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Ultram 50 mg #60 is not medically necessary or appropriate.

**Norco 10/325mg #120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

**Decision rationale:** The requested Norco 10/325 mg #120 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends the ongoing use of opioids in the management of chronic pain be supported by documented functional benefit, an assessment of pain relief, managed side effects and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review does indicate that the injured worker has been on this medication for an extended duration of time. However, there is no documentation that the injured worker receives significant pain relief or functional benefit resulting from the use of this medication. Therefore, ongoing use of this medication would not be supported. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Norco 10/325 mg #120 is not medically necessary or appropriate.

**Colace 100mg #120: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Initiating Therapy Page(s): 77.

**Decision rationale:** The requested Colace 100 mg #120 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does recommend the use of prophylactic treatment of constipation with chronic opioid usage. However, the clinical documentation submitted for review does not support continued use of opioids. Therefore, the continued management of side effects would also not be supported. Additionally, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information the appropriateness of the request itself cannot be determined. As such, the requested Colace 100 mg #120 is not medically necessary or appropriate.

**Senokot #120:** 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, Initiating Therapy Page(s): 77.

**Decision rationale:** The requested Senokot #120 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does recommend the use of prophylactic treatment of constipation with chronic opioid usage. However, the clinical documentation submitted for review does not support continued use of opioids. Therefore, the continued management of side effects would also not be supported. Additionally, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information the appropriateness of the request itself cannot be determined. As such, the requested Senokot #120 is not medically necessary or appropriate.