

<b>Case Number:</b>	CM15-0101694		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	07/01/2005
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	05/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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: Texas, California

Certification(s)/Specialty: Family Practice

### 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 63 year old female who sustained an industrial injury on 7/1/05 involving her right shoulder after a reaching incident. She was diagnosed with a torn tendon in her right shoulder and underwent a right shoulder cuff repair (7/25/05). After returning to work in 2006 her right shoulder pain increased. In addition her left shoulder started hurting a few months after her right shoulder injury. On 1/21/07 she underwent a left shoulder arthroscopic debridement and had physical therapy and then a second right shoulder surgery in 2008. She currently on 4/29/15 complains of right shoulder pain (7/10); left shoulder pain (6/10); right (5/10) and left (6/10) wrist/ hand pain; low back pain with left greater than right lower extremity symptoms (5/10). On physical exam there was limited range of motion of right and left shoulder. Medications are Tramadol, cyclobenzaprine, pantoprazole. Diagnoses include bilateral shoulder impingement syndrome, rule out rotator cuff pathology; status post right shoulder surgery X3; rule out lumbar disc injury; rule out lumbar radiculopathy. In the progress note dated 4/29/15 the treating provider's plan of care includes Tramadol 50 mg # 60. On 5/16/15 utilization Review evaluated the request for hydrocodone 10/325 mg #30. The patient has had urine drug screen test that was inconsistent. Patient has received an unspecified number of PT visits for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

### **1 prescription of Tramadol 50mg Qty 60: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS (Effective July 18, 2009), Page 75 Central acting analgesics: Page 82 Opioids for neuropathic pain.

**Decision rationale:** Request: prescription of Tramadol 50mg Qty 60. Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines "Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. (Kumar, 2003)" Cited guidelines also state that, a recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) Prompt pain relief while titrating a first-line drug; (2) Treatment of episodic exacerbations of severe pain; [&] (3) Treatment of neuropathic cancer pain." Tramadol can be used for chronic pain and for treatment of episodic exacerbations of severe pain. She was diagnosed with a torn tendon in her right shoulder and underwent a right shoulder cuff repair (7/25/05). On 1/21/07 she underwent a left shoulder arthroscopic debridement and had physical therapy and then a second right shoulder surgery in 2008. She currently on 4/29/15 complains of right shoulder pain (7/10); left shoulder pain (6/10); right (5/10) and left (6/10) wrist/ hand pain; low back pain with left greater than right lower extremity symptoms (5/10). On physical exam there was limited range of motion of right and left shoulder. Diagnoses include bilateral shoulder impingement syndrome, rule out rotator cuff pathology; status post right shoulder surgery X3; rule out lumbar disc injury; rule out lumbar radiculopathy. Patient is already taking a muscle relaxant. The patient is not taking any potent narcotics and there is no evidence of any medication abuse. The patient has chronic pain and the patient's medical condition can have intermittent exacerbations. Having tramadol available for use during sudden unexpected exacerbations of pain is medically appropriate and necessary. This request for prescription of Tramadol 50mg Qty 60 is deemed as medically appropriate and necessary.

### **1 prescription of Hydrocodone 10/325mg Qty 30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use: page 76-80 CRITERIA FOR USE OF OPIOIDS Therapeutic Trial of Opioids.

**Decision rationale:** Prescription of Hydrocodone 10/325mg Qty 30. Hydrocodone 10/325mg is an opioid analgesic in combination with acetaminophen. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the

continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs. The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to nonopioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. A recent urine drug screen report is not specified in the records provided. The level of pain control with lower potency opioids like tramadol and other non opioid medications, without the use of Hydrocodone, was not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of prescription of Hydrocodone 10/325mg Qty 30 is not established for this patient.