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| <b>Case Number:</b>   | CM15-0017664 |                              |            |
| <b>Date Assigned:</b> | 02/05/2015   | <b>Date of Injury:</b>       | 05/04/2012 |
| <b>Decision Date:</b> | 04/07/2015   | <b>UR Denial Date:</b>       | 01/20/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/29/2015 |

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 30 year old female injured worker suffered and industrial injury on 5/4/2012. The diagnoses were chronic pain, cervical radiculitis and generalized pain. The diagnostic studies were electromyography/nerve conduction velocity and cervical/ thoracic magnetic resonance imaging. The treatments were physical therapy, chiropractic therapy, medications and epidural steroid injections. The treating provider reported pain in the neck that was constant. The pain radiated down the bilateral upper extremities radiating to the hands along with numbness. The injured worker described the pain as aching and severe 8/10 with medications and 10/10 without medications. Utilization Review Determination on 1/20/2015 non-certified: 1.X-Ray of the Cervical Spine, citing ACOEM 2. Tramadol ER 100mg, citing MTUS 3. Hydrocodone 7.5/325mg, citing MTUS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-Ray of the Cervical Spine Per 12/29/14 Exam Note:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165.

**Decision rationale:** According to the attached medical record the injured employee has had a previous MRI the cervical spine in 2013. There is no documentation of any change of the injured employee symptoms or physical examination findings on this study was conducted. Without additional justification for an x-ray of the cervical spine, this request is not medically necessary.

**Tramadol ER 100mg Per 12/29/14 Exam Note:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List, Tramadol (Ultram), and Criteria for Use of Opioids, and Ongoing Management, and Weaning of Medications Page(s): 93-94, 76-78, 79-80, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 & 9792.26; MTUS (Effective July 18, 2009) Page(s): 93, 94 of 127.

**Decision rationale:** Regarding tramadol, the most recent progress note dated December 29, 2014 indicates that tramadol ER 100 mg and hydrocodone 7.5/325 mg have improved the patient's ability to function and that there have been no side effects or potential aberrant behavior. However, there is no documentation of objective pain relief with the usage of these medications. Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids. 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 nonadherent) drug related behaviors. These domains have been summarized as the "4 A's" (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. As there is no documentation of objective pain relief with the usage of tramadol ER 100 mg and hydrocodone 7.5/325 mg, these medications are not medically necessary.

**Hydrocodone 7.5/325mg Per 12/29/14 Exam Note:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug list, Hydrocodone/Acetaminophen (Norco), Criteria for the Use of Opioids, Weaning of Medications Page(s): 78-80, 91, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 & 9792.26; MTUS (Effective July 18, 2009) Page(s): 93, 94 of 127.

**Decision rationale:** Regarding tramadol, the most recent progress note dated December 29, 2014 indicates that tramadol ER 100 mg and hydrocodone 7.5/325 mg have improved the patient's ability to function and that there have been no side effects or potential aberrant behavior. However there is no documentation of objective pain relief with the usage of these medications. Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of

opioids. 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 nonadherent) drug related behaviors. These domains have been summarized as the "4 A's" (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. As there is no documentation of objective pain relief with the usage of tramadol ER 100 mg and hydrocodone 7.5/325 mg, these medications are not medically necessary.