

<b>Case Number:</b>	CM15-0132390		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	01/08/2002
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	06/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2015

### 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: Georgia

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 injured worker (IW) is a 48-year-old female who sustained an industrial injury on 01/08/2002. Diagnoses include status post gastric bypass surgery (6/23/08); status post right knee surgery for meniscus tear (5/23/11); right elbow pain due to compensatory overuse; status post left knee arthroscopic surgery for meniscus tear (4/14/10); and right shoulder pain-acromioclavicular osteoarthritis impinging on the rotator cuff, full thickness, partial tear of the supraspinatus tendon with moderate atrophy of the supraspinatus muscle. Treatment to date has included medications, knee surgeries and home exercise. The IW was seen for follow-up for her right shoulder and bilateral knee pain on 6/12/15. She was staying active doing exercises and using Norco and Ultram sparingly; she had been out of her medications "for some time". It was advised that she have a right shoulder replacement surgery, but she was not scheduling it yet, as she felt she was still functional, with limited abduction and forward flexion. Her urine drug screen was consistent with her statement of being out of medications, she signed a new opioid agreement and was stated to be at low risk for aberrant drug behavior. On examination, there was tenderness over the bilateral knees at the joint lines and popping of the left knee with flexion and extension. The right shoulder range of motion was limited to about 90 degrees of abduction and 90 degrees of flexion; further flexion caused pain problems after the motion. A request was made for Norco 10/325, #90 dispensed and Ultram 50mg, #100 dispensed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

**Decision rationale:** Norco 10/325 mg #90 is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances; (b) continuing pain with evidence of intolerable adverse effects; (c) decrease in functioning; (d) resolution of pain; (e) if serious non-adherence is occurring; (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the medical records note that the claimant was permanent and stationary. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore, Norco is not medically necessary.

**Ultram 50mg #100:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 83.

**Decision rationale:** Ultram 50 mg #100 is not medically necessary. Ultram is Tramadol. Tramadol is a centrally- acting opioid. Per MTUS page 83, opioids for osteoarthritis is recommended for short-term use after failure of first line non-pharmacologic and medication option including Acetaminophen and NSAIDS. Additionally, Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances; (b) continuing pain with evidence of intolerable adverse effects; (c) decrease in functioning; (d) resolution of pain; (e) if serious non-adherence is occurring; (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the claimant continued to report pain. Given Tramadol is a synthetic opioid, it's use in this case is not medically necessary. The claimant has long-term use with this medication and there was a lack of improved function or return to work with this opioid and all other medications; therefore, the requested medication is not medically necessary.