

Case Number:	CM15-0164110		
Date Assigned:	09/01/2015	Date of Injury:	08/08/2014
Decision Date:	10/13/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/21/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 65 year old male who sustained an industrial injury on 08-08-2014. He reported neck and left shoulder pain. The injured worker was diagnosed as having cervical spine sprain and strain, left shoulder sprain and strain, and cervical radiculopathy. According to notes of 07/10/2015, the MRI (10-13-2014) of the left shoulder showed near complete tears of the rotator cuff and also indicated impingement syndrome. A MRI of 10/13/2014 showed multilevel disc protrusions, foraminal stenosis, central canal stenosis and cord contact, cervical spine. A left C5-C6, and C7 radiculopathy, was present per electromyogram studies (02-11-2015). Treatment to date has included medications (which give some relief) and physical therapy (with minimal temporary relief). Current medications include Tramadol and Norco. In the exam note of 05-06-2015, the worker states the Norco reduces his pain to a 4 on a scale of 10, but it causes drowsiness. In the exam note of 06-10-2015, the worker states his pain level without pain medications is a 7 on a scale of 0-10, and taking medications drops his pain level down to a 4 on a scale of 10 and allows him to move his arm more. He takes Norco 5/325, one tablet every six hours, and Tramadol 50 mg, one tablet for breakthrough pain. In the provider notes of 07/10/2015, the injured worker complains of persistent and increasing pain and stiffness to his neck radiating into the upper back, occasional headaches, and continued pain and stiffness in his left shoulder and upper arm. Amount of relief from medications is not indicated in this note. Urine screen 03/2015, and 05/2015 was negative for oxycodone and did not test for Tramadol. The IW is temporarily totally disabled. The plan is for medication refills, and referrals to a spine surgeon regarding possible cervical spine surgery. A request for

authorization was submitted for Norco 5/325mg #120, and Tramadol 50mg #120. A utilization review decision (08-05-2015) denied both the Norco and the Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, dosing.

Decision rationale: The claimant sustained a work injury in August 2014 and continues to be treated for neck and left shoulder pain. Medications are referenced as decreasing pain from 7/10 to 4/10 and with improved ability to perform activities of daily living. When seen, there was decreased and painful cervical spine range of motion with positive cervical compression. There were severe left cervical paraspinal spasms and positive left Spurling's testing. There was decreased left shoulder range of motion with severe left acromioclavicular joint tenderness. Urine drug screening has been consistent with the prescribed medications. Norco and tramadol were prescribed at a total MED (morphine equivalent dose) of 60 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing decreased pain with improved activities of daily living. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing is medically necessary.

Tramadol 50mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, dosing.

Decision rationale: The claimant sustained a work injury in August 2014 and continues to be treated for neck and left shoulder pain. Medications are referenced as decreasing pain from 7/10 to 4/10 and with improved ability to perform activities of daily living. When seen, there was decreased and painful cervical spine range of motion with positive cervical compression. There were severe left cervical paraspinal spasms and positive left Spurling's testing. There was decreased left shoulder range of motion with severe left acromioclavicular joint tenderness. Urine drug screening has been consistent with the prescribed medications. Norco and tramadol were prescribed at a total MED (morphine equivalent dose) of 60 mg per day. When prescribing

controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Tramadol is an immediate release short acting medication often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management and providing pain relief with improved activities of daily living. There are no identified issues of abuse or addiction. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing is medically necessary.