

<b>Case Number:</b>	CM15-0167061		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	10/07/2001
<b>Decision Date:</b>	10/14/2015	<b>UR Denial Date:</b>	08/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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: Pennsylvania, Ohio, California  
 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 was a 55 year old female, who sustained an industrial injury, September 27, 2001. The injured worker previously received the following treatments Omeprazole, Norco, Tramadol, Ultracet, Lyrica, EMG and NCS (electrodiagnostic studies and nerve conduction studies) of the bilateral upper extremities that was normal on May 18, 2015 and one cervical epidural injection. The injured worker was diagnosed with cervical radiculopathy. According to progress note of July 20, 2015, the injured worker's chief complaint was aching neck and upper back pain. The injured worker reported the pain 8 out of 10. The pain radiated into the bilateral upper extremities into the hands. The pain was described as burning and aching in the arms and hands, which the pain was 7 out of 10. The injured worker was taking Lyrica and Tramadol for pain and Norco up to two times per day. The injured worker reported the pain was 8 out of 10 without pain medications and 4-5 out of 10 with pain medications. According to the documentation, the Tramadol was ineffective and Vicodin helped to reduce the pain. The physical exam noted diffuse tenderness with palpation of the entire body. The greatest was the bilateral paraspinals and right trapezius. There was moderate decrease in flexion, extension of the cervical spine. The motor strength of the upper extremity muscle group was 3 out of 5. There was decrease sensation at the right C6, C7 and C8 dermatomes. The Spurling's maneuver caused pain on the left and right of the cervical spine. The treatment plan included prescription renewals for Norco and Tramadol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Norco 5/325mg #60 DOS: 6/22/2015: Upheld**

**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.

**Decision rationale:** MTUS discusses in detail the 4 A's of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. The records in this case do not meet these 4 A's of opioid management and do not provide a rationale or diagnosis overall for which ongoing opioid use is supported. Therefore this request is not medically necessary.

**Retrospective Tramadol 50mg, three times a day DOS: 6/22/2015: Upheld**

**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.

**Decision rationale:** MTUS discusses in detail the 4 A's of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. The records in this case do not meet these 4 A's of opioid management and do not provide a rationale or diagnosis overall for which ongoing opioid use is supported. Therefore this request is not medically necessary.