

<b>Case Number:</b>	CM15-0167659		
<b>Date Assigned:</b>	09/08/2015	<b>Date of Injury:</b>	04/02/2013
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	07/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2015

### 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 52-year-old male with an industrial injury dated on 04-02-2013. A review of the medical records indicates that the injured worker is undergoing treatment for cervical post laminectomy syndrome. Treatment to date has included urine drug screens, MRI of the cervical spine on 07-27-2013 that revealed foraminal narrowing and disc degeneration, prescribed medications and periodic routine visits. According to the progress report dated 07-14-2015, the injured worker reported neck pain. The injured worker rated neck pain a 4 out of 10 with medications and a 6 out of 10 without medication. Objective findings revealed well-healed right anterior cervical incision and decrease cervical range of motion. The current treatment plan consists of medication management and follows up visit. The treating physician prescribed Hydrocodone-APAP 10-325mg #120 and Ultram ER 100mg #30, now under review. The medication list include Hydrocodone and Ultram. The patient has had UDS on 6/25/15 that was positive and consistent for opioid. The patient's surgical history includes cervical spine surgery in 2009. The patient sustained the injury due to cumulative trauma.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP 10/325mg #120:** 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:** Request: Hydrocodone/APAP 10/325mg #120. Norco contains Hydrocodone with APAP, which 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 non-opioid 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 non-opioid 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. The level of pain control with NSAIDs, Tramadol, and other non opioid medications for chronic pain (antidepressants/anticonvulsants), 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 Hydrocodone/APAP 10/325mg #120 is not established for this patient, given the records submitted and the guidelines referenced. If this medication is discontinued, the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms.

**Ultram ER 100mg #30:** 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 (Classification), Opioids for neuropathic pain.

**Decision rationale:** Ultram ER 100mg #30. 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. A review of the medical records indicates that the injured worker is undergoing treatment for cervical post laminectomy syndrome. Treatment to date has included urine drug screens, MRI

of the cervical spine on 07-27-2013 that revealed foraminal narrowing and disc degeneration, prescribed medications and periodic routine visits. According to the progress report dated 07-14-2015, the injured worker reported neck pain. The injured worker rated neck pain a 4 out of 10 with medications and a 6 out of 10 without medication. Objective findings revealed decrease cervical range of motion. The patient's surgical history includes cervical spine surgery in 2009. 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 Ultram ER 100mg #30 is deemed as medically appropriate and necessary.