

Case Number:	CM15-0180165		
Date Assigned:	09/22/2015	Date of Injury:	10/15/2012
Decision Date:	11/10/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/14/2015

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

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 is a 57-year-old male, who sustained an industrial injury on 10-15-12. The injured worker was diagnosed as having low back pain with large disc protrusion in the lumbar spine, facetogenic low back pain, left S1 transforaminal epidural steroid injection without benefit, right shoulder pain, right rotator cuff tear, left shoulder pain status post rotator cuff repair on 10-23-13, chronic pain syndrome, and chronic left L5 and left S1 radiculopathy. Treatment to date has included a left shoulder injection, back surgery x2, chiropractic treatment, physical therapy, epidural steroid injections, cognitive behavioral therapy, and medication including Tramadol, Norco, Flexeril, and Lyrica. About activities of daily living, on 8-19-15 the treating physician noted the injured worker goes to the gym regularly, helps his wife around the house, and does dishes and housework. Physical examination findings on 8-19-15 included left shoulder tenderness, decreased range of motion, and significant pain with impingement maneuvers. The lumbar paravertebral muscles were tender from L4-S1. Sensation was decreased in the left lateral and posterior leg and straight leg raising was positive on the left. On 7-22-15 and 8-19-15, pain was rated as 6 of 10 without medication and 4 of 10 with medication. The injured worker had been taking Tramadol since at least February 2015. The injured worker was taking Norco as early as October 2014 but the medication was discontinued and restarted in June 2015. On 8-19-15, the injured worker complained of bilateral shoulder pain and low back pain. The treating physician requested authorization for retrospective Norco 10-325mg #60 and Tramadol 50mg #200. On 8-31-15, the utilization review modified the request for Norco to a quantity of 45 for gradual tapering and Tramadol was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Norco 10-325mg #60: 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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The patient presents with pain in the left shoulder, low back, and the left lower extremity. The request is for retro - Norco 10-325MG #60. Physical examination to the left shoulder on 09/16/15 revealed tenderness to palpation at the anterior and posterior joint. Range of motion was noted to be limited. Examination to the lumbar spine revealed tenderness to palpation in the paraspinal muscles L3 through S1. Range of motion was noted to be decreased. Patient's treatments have included medication, chiropractic care, ESI's, and image studies. Per 07/22/15 progress report, patient's diagnosis include low back pain, large disc protrusion in the lumbar spine; facetogenic low back pain; left S1 transforaminal ESI without benefit; right shoulder pain; right rotator cuff tear of right shoulder; left shoulder pain, status post rotator cuff repair on 10/23/2013; chronic pain syndrome; depressions; EMG of lower extremity from 04/09/15 with chronic left L5 and left S1 radiculopathy. Patient's medications, per 05/13/15 progress report include Naproxen, Protonix, Flexeril, Citalopram, Meclizine, Hypothyroid medication, Cymbalta, Gabapentin, and Tramadol. Patient's work status is modified duties. MTUS, Criteria for Use of Opioids Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, Criteria For Use Of Opioids Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, Criteria for Use of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for Chronic Pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, Opioids for Chronic Pain Section, pages 80 and 81 states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." MTUS, p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." The treater has not specifically discussed this request. The utilization review letter dated 08/31/15 has modified the request to #45, recommending tapering. Review of the medical records provided indicates that the patient has been utilizing Norco since at least 12/17/14. However, there are no discussions in regards to

Norco's impact on the patient's pain and function. No before and after pain scales are used for analgesia. No ADL's are discussed showing specific functional improvement. While UDS test results are current and consistent with patient's medications, there are no discussions on CURES, and no discussions on adverse effect and other measures of aberrant behavior. Outcome measures are not discussed and no validated instruments are used showing functional improvement as required by MTUS. Furthermore, MTUS does not support long-term use of opiates for chronic low back pain and on-going use of opiates does not appear appropriate for this patient's condition. The request IS NOT medically necessary.

Retro Tramadol 50mg #200: 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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The patient presents with pain in the left shoulder, low back, and the left lower extremity. The request is for retro Tramadol 50MG #200. Physical examination to the left shoulder on 09/16/15 revealed tenderness to palpation at the anterior and posterior joint. Range of motion was noted to be limited. Examination to the lumbar spine revealed tenderness to palpation in the paraspinal muscles L3 through S1. Range of motion was noted to be decreased. Patient's treatments have included medication, chiropractic care, ESI's, and image studies. Per 07/22/15 progress report, patient's diagnosis include low back pain, large disc protrusion in the lumbar spine; facetogenic low back pain; left S1 transforaminal ESI without benefit; right shoulder pain; right rotator cuff tear of right shoulder; left shoulder pain, status post rotator cuff repair on 10/23/2013; chronic pain syndrome; depressions; EMG of lower extremity from 04/09/15 with chronic left L5 and left S1 radiculopathy. Patient's medications, per 05/13/15 progress report include Naproxen, Protonix, Flexeril, Citalopram, Meclizine, Hypothyroid medication, Cymbalta, Gabapentin, and Tramadol. Patient's work status is modified duties. MTUS, Criteria for Use of Opioids Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, Criteria For Use Of Opioids Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, Criteria for Use of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications For Chronic Pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, page 113 regarding Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. The treater does not specifically discuss this request. Review of the medical records provided indicates that the patient has been

utilizing Tramadol since at least 01/21/15. However, there are no discussions in regards to this medication's impact on the patient's pain and function. No before and after pain scales were used for analgesia. No ADL's were discussed showing specific functional improvement. While UDS test results are current and consistent with patient's medications, there are no discussions on CURES; there were no discussions on adverse effect and other measures of aberrant behavior either. Outcome measures were not discussed and no validated instruments were used showing functional improvement as required by MTUS. Furthermore, MTUS does not support long-term use of opiates for chronic low back pain and on-going use of opiates does not appear appropriate for this patient's condition. The request IS NOT medically necessary.