

<b>Case Number:</b>	CM15-0182313		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	10/25/2002
<b>Decision Date:</b>	10/28/2015	<b>UR Denial Date:</b>	08/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2015

### 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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 64-year-old female who sustained an industrial injury on October 25, 2002. Diagnoses have included chronic pain syndrome, displacement of cervical intervertebral disc without myelopathy, and brachial neuritis or radiculitis. Documented treatment includes medication including Soma, Ultracet, Norco, Mobic, and Prilosec, which are stated to provide a "good but very partial response." Documentation does not provide information of length of treatment with these medications or other non-pharmaceutical treatments. The injured worker continues to report sharp stabbing pain and stiffness in her neck and upper extremities including weakness and numbness. The 8-4-2015 progress report noted reduced range of motion at all planes of the cervical spine, reduced sensation and strength in the distribution of the bilateral C7 spinal nerve roots, absent triceps and deep tendon reflexes bilaterally, and paraspinal muscular spasms which were "tender and painful." A urine drug screen collected on 4-8-15 stated "not detected" for all drugs tested. There is no pain agreement provided in the medical records. The treating physician's plan of care includes Mobic 15 mg #30, which was non-certified; Ultracet 37.5-325 mg #120 that was modified to #50; and Norco 10-325 mg #120 modified to #50. Determination was provided on 8-28-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Mobic 15mg #30: 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): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** Per the CA MTUS guidelines cited, NSAIDs (non-steroidal anti-inflammatory drugs) are recommended for acute exacerbations of chronic back pain, as a second-line treatment after acetaminophen. They are also recommended as an option for short-term symptomatic relief for exacerbations of chronic low back pain. For neuropathic pain, long-term evidence is inconsistent, but they may be useful to treat breakthrough pain. According to the treating physician's notes, the use of Mobic for the injured worker's chronic radiating cervical pain in the acute setting may be reasonable. However, it is not clear from the notes how much her reduction in pain or improved function came from taking Mobic. In addition, the documentation did not provide visual analog pain scales with and without medication. Therefore, the request for Mobic 15mg #30 is not medically necessary and appropriate.

**Ultracet 37.5/325mg #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 (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Opioids, specific drug list.

**Decision rationale:** The cited CA MTUS guidelines recommend short acting opioids, such as tramadol/acetaminophen (Ultracet), for the control of chronic pain, and may be used for osteoarthritis pain that has not responded to first-line medications, such as NSAIDs or acetaminophen. Studies have shown that tramadol specifically decreased pain and symptoms for up to three months, but there is no recommendation for treatment beyond three months with osteoarthritic symptoms. In the case of nociceptive pain, opioids are the standard of care for moderate to severe pain. Tramadol is not recommended as first-line therapy for neuropathic pain, but may be considered as a second-line treatment. Furthermore, Ultracet is only indicated for short term use - 5 days in acute pain management. Per the MTUS, there should be documentation of the 4 A's, which includes analgesia, adverse side effects, aberrant drug taking behaviors, and activities of daily living. The injured worker's records have included documentation of the pain with medication (no VAS scores), no significant adverse effects, past urine drug testing, and subjective functional improvement. However, the records did not indicate pain with and without medication on the visual analog scale, a pain contract, and objective functional benefit. Of primary importance is continuation of an appropriate time frame for follow-up to reassess the 4 A's. Also, the weaning of opioids should be routinely reassessed and initiated as soon as indicated by the treatment guidelines, which had been advised by Utilization Review. Although Ultracet may be a reasonable treatment option for this injured worker during acute exacerbations, the documentation does not support the current request. Therefore, the request for Ultracet 37.5/325mg #120 is not medically necessary and appropriate.

**Norco 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 (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain.

**Decision rationale:** The cited CA MTUS guidelines recommend short acting opioids, such as hydrocodone (Norco), for the control of chronic pain, and may be used for neuropathic pain that has not responded to first-line medications. The MTUS also states there should be documentation of the 4 A's, which includes analgesia, adverse side effects, aberrant drug taking behaviors, and activities of daily living. The injured worker's most recent records from 9-1-15 included documentation of the pain with medications (no VAS score), no significant adverse effects or aberrant behavior, history of urine drug testing; however, the notes did not include pain with and without medication on the visual analog scale, pain contract on file, objective functional improvement, and performance of necessary activities of daily living. Appropriate follow-up has been performed. Also, weaning of opioids should be routinely reassessed and initiated as soon as indicated by the treatment guidelines, which was advised by Utilization Review 5-22-15. Based on the available medical information showing no sustained functional improvement and previous attempt at weaning, Norco 10/325mg #120 is not medically necessary and appropriate for ongoing pain management.