

<b>Case Number:</b>	CM15-0182388		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	02/23/2001
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	09/03/2015
<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  
 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 76 year old male who sustained an industrial injury 02-23-01. A review of the medical records reveals the injured worker is undergoing treatment for internal derangement of the bilateral knees, chronic pain, inactivity, and issues with sleep, stress and depression. Medical records (08-27-15) reveal the injured worker complains of increased pain with cold weather and with activities. The physical exam (08-27-15) reveals tenderness in the left knee and across the joint line. He has full extension and flexion to 122 degrees. Prior treatment includes TENS unit, medications, hot and cold packs. The injured worker is retired. A review of the medical records notes consistent urine drug screen. The original utilization review (09-02-15) non certified the request for Norco 10/325 #120, Tramadol ER 150 mg #30, and TENS pads. The documentation supports that the injured worker has been on Norco and tramadol since at least 03-20-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg quantity 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, Opioids for chronic pain, Opioids, dosing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Opioids for Chronic Pain.

**Decision rationale:** The long term utilization of opioids is not supported for chronic non-malignant pain due to the development of habituation and tolerance. As noted in the MTUS guidelines, a recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of key outcome goals including pain relief, improved quality of life, and/or improved functional capacity. Furthermore, per the MTUS guidelines, in order to support ongoing opioid use, there should be improvement in pain and function. The medical records do not establish significant improvement in pain or function to support the ongoing use of opioids. In addition, the current cumulative morphine equivalent dosage is 61.6 and per ODG, risks of adverse effects are documented in the literature at doses as low as 50 MED. Adverse effects include serious fractures, sleep apnea, hyperalgesia, immunosuppression, chronic constipation, bowel obstruction, myocardial infarction, and tooth decay due to xerostomia. Neuroendocrine problems include osteoporosis, and depression. Given these factors. the request for Norco 10/325mg quantity 120 is not medically necessary and appropriate.

**Tramadol extended release 150mg quantity 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, specific drug list.

**Decision rationale:** According to the MTUS guidelines, Tramadol is a synthetic opioid and is an emerging fourth class of opiate analgesic that may be used to treat chronic pain. The MTUS guidelines state that small class of synthetic opioids 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. The maximum dosing of Tramadol is 400 mg/day. In this case, the injured worker is being prescribed Norco and Tramadol. The request for Norco has been deemed not medically necessary and appropriate. However, the utilization of Tramadol, a somewhat weaker opioid, is supported to address the injured worker's chronic knee pain. The medical records do not establish evidence of abuse or diversion. The request for Tramadol extended release 150mg quantity 30 is medically necessary and appropriate.

**TENS pad:** 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): Transcutaneous electrotherapy.

**Decision rationale:** According to the CA MUTS guidelines, TENS, (transcutaneous electrical nerve stimulation) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for these conditions: Neuropathic pain, Phantom limb pain and CRPS II, Spasticity and Multiple sclerosis. In this case, the medical records note that the injured worker has a Tens unit and has been using this durable medical equipment with efficacy. The request for Norco has not been supported and the request for new pads is supported to allow for continued use and allow for pain relief without the utilization of Norco. The request for TENS pad is medically necessary and appropriate.