

<b>Case Number:</b>	CM15-0185583		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	04/06/2004
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	09/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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: Florida

Certification(s)/Specialty: Neurology, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 44 year old male with a date of injury on 4-6-2004. A review of the medical records indicates that the injured worker is undergoing treatment for cervical facet arthropathy, lumbar degenerative disc disease and right greater trochanteric bursitis-tendinitis. Medical records (5-28-2015 to 8-27-2015) indicate ongoing cervical pain, low back and right lower extremity pain. According to the progress report dated 8-7-2015, the injured worker's right sided neck pain had come back. The physical exam (8-27-2015) of the upper back revealed tenderness and muscle spasms in the upper rhomboids. Palpation of the cervical spine showed noticeable decreased muscle spasms. Tenderness of the mid to lower facet joints bilaterally had greatly improved. There was mild tenderness over the lumbar facet joints bilaterally. Treatment has included surgery, radiofrequency neurotomy of the nerves to the left C4-5 and C5-6 facet joints (February 2015) and right C4-5, C5-6 and C6-7 facet joints (May 2014) with excellent results, lumbar epidural steroid injection with improvement, trigger point injections and medications. The injured worker has been prescribed Norco since at least 8-14-2014; the treatment plan on 8-27-2015 was to add Ultram to bring the dose of Norco down. Other medications included Flexeril, Xanax, Lexapro and Neurontin. The original Utilization Review (UR) (9-7-2015) denied requests for Norco, Tramadol and Voltaren gel.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain, opioids.

**Decision rationale:** The medical records report ongoing pain that is helped subjectively by continued use of opioid. The medical records do not indicate or document any formal opioid risk mitigation tool use or assessment or indicate use of UDS or other risk tool. ODG supports ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Given the medical records do not document such ongoing monitoring, the medical records do not support the continued use of opioids such as norco. The request is not medically necessary.

**Tramadol ER 150mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain, opioids.

**Decision rationale:** The medical records report ongoing pain that is helped subjectively by continued use of opioid. The medical records do not indicate or document any formal opioid risk mitigation tool use or assessment or indicate use of UDS or other risk tool. ODG supports ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been

proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Given the medical records do not document such ongoing monitoring, the medical records do not support the continued use of opioids such as tramadol. The request is not medically necessary.

**Voltaren gel 1% 100g:** 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): Topical Analgesics.

**Decision rationale:** The medical records report joint pain but does not indicate failure of oral NSAIDS or demonstrate findings that contraindicate oral NSAIDS. MTUS supports topical NSAIDS for conditions where oral NSAIDS are not helpful or contraindicated. MTUS guidelines support that topical pain preparations are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The medical records provided for review indicate a pain condition related to neurological condition but does not detail previous trials of antidepressants or anticonvulsants tried and failed or demonstrated to be intolerant. As such the medical records do not support the use of topical compound cream at this time as medically necessary.