

<b>Case Number:</b>	CM15-0187465		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	07/16/2008
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2015

### 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, North Carolina  
 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 54 year old female who sustained an industrial injury on 07-16-2008. A review of the medical records indicated that the injured worker is undergoing treatment for cervical sprain, right shoulder impingement syndrome and carpal tunnel syndrome. The injured worker is status post right shoulder arthroscopy and bilateral carpal tunnel release (no dates documented). According to the treating physician's progress report on 07-14-2015, the injured worker continues to experience neck pain radiating to both shoulders, arms and fingers associated with burning, numbness and tingling of the hands. The injured worker reported increased headaches at night. The injured worker rated her pain without medications at 8-9 out of 10 on the pain scale and 3-4 out of 10 with medications. She reported 60% pain relief with medications and no side effects. The injured worker can perform house cleaning with breaks. Examination demonstrated moderate palpable spasms of the bilateral cervical paraspinous muscles with positive twitch response, right greater than left. Range of motion of the cervical spine produced moderate to severe pain with right lateral rotation and pain with flexion and extension. There was tenderness to palpation of the bilateral lateral epicondyles with decreased range of motion of the right shoulder due to pain. There was decreased right hand grip strength and allodynia to light touch of the right lateral thumb. Prior treatments have included diagnostic testing, surgery, physical therapy, hand injection and medications. Current medications were listed as Butrans patch, Gabapentin, Norco and Tramadol. The injured worker has been on these medications since at least December 2014. No recent urine drug screening reports were submitted with the review. Treatment plan consists of maintaining activity level and the current

request for Butrans patches 20 mcg, #4, Tramadol 50 management, #180 and Norco 10mg-325mg, #120. The Utilization Review modified the request for Butrans patches 20 mcg, #4 to Butrans patches 20 mcg, #1 on 09-02-2015 and determined the request for Tramadol 50mg, #180 and Norco 10mg-325mg, #120 was not certified on 09-02-2015.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **4 Butrans patches 20 mcg: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**Decision rationale:** Butrans patches is a topical opioid recommended as an option for chronic pain by the CA MTUS Chronic pain Treatment Guidelines. These guidelines state that ongoing management with opioids require documented evidence of pain relief, functional gain, and appropriate medication usage in the absence of side effects or aberrant behavior. This patient's improvement with the use of Butrans is not documented. Therefore the medical necessity or Butrans is not established.

#### **180 tablets of Tramadol 50 mg: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**Decision rationale:** Tramadol is a centrally acting synthetic opioid indicated for the treatment of moderate to severe pain. Per CA MTUS Guidelines, ongoing management with opioids requires evidence of pain relief, functional gain and appropriate medication use in the absence of side effects or aberrant behavior. In this case, clear documentation of functional improvement with the use of Tramadol is not present. In addition, a urine drug screen of 8/11/2015 was negative for opioids, raising questions of compliance. Therefore the request is not medically necessary or appropriate.

#### **120 tablets of Norco 10/325 mg: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**Decision rationale:** Norco is an opioid medication recommended for the treatment of pain. As per the CA MTUS Guidelines, ongoing management with opioids requires evidence of pain relief, functional gain and appropriate medication use in the absence of side effects or aberrant behavior. In this case, clear improvement is not documented. A urine drug screen of 8/11/2015 was negative for opioids, raising questions of compliance. Therefore the request for Norco is not medically necessary or appropriate.