

<b>Case Number:</b>	CM15-0200252		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	11/28/2009
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, 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:

The injured worker is a 58 year old female, who sustained an industrial injury on 11-28-2009. The injured worker was being treated for right trigger finger, bilateral shoulder joint pain, repetitive strain injury, and bilateral carpal tunnel syndrome. Medical records (6-26-2015 and 7-24-2015) indicate ongoing left shoulder and right thumb pain, which is worsening since she is not getting acupuncture. Associated symptoms include numbness and tingling. On 6-26-2015, the injured worker reported triggering of the right thumb and that Tramadol caused itching. The physical exam (6-26-2015 and 7-24-2015) reveals tenderness to palpation of the bilateral shoulder joints, limited range of motion bilaterally, and positive Hawkin's and impingement. There is tenderness over the lateral epicondyle of the elbow with normal range of motion, triggering and tenderness of the right thumb, positive right Tinel's, and weak bilateral grip strength. The injured worker rated her pain as 7-8 out of 10. Medical records (8-27-2015) indicate ongoing left shoulder and right wrist pain. She rated her pain as 6 out of 10. The physical exam (8-27-2015) reveals decreased range of motion of the left shoulder due to pain, tenderness to palpation over the anterior and lateral shoulder, and positive Hawkin's and impingement. There is normal range of motion, tenderness to palpation over the palmar surface, and positive Tinel's and Phalen's tests of the bilateral wrists. On 1-12-2013, an MRI of the left shoulder revealed a possible focal partial thickness undersurface tear of the subscapularis tendon. The provided medical records did not include a signed opioid agreement, risk assessment, or a recent urine drug screen to monitor opioid compliance. There is a poorly visualized intra- articular segment of the biceps tendon long head, which may be due to tendinosis. There is non-specific fluid distention of the biceps tendon sheath in the setting

of glenohumeral joint effusion. There is subcoracoid bursitis and moderate acromioclavicular joint osteoarthritis. On 4-11-2013, an MRI of the right shoulder revealed severe supraspinatus tendinosis and mild to moderate infraspinatus tendinosis. There is moderate to severe acromioclavicular joint osteoarthritis and mild bursitis. Surgeries to date have included bilateral carpal tunnel decompression. Treatment has included acupuncture, a non-steroidal anti-inflammatory injection, Tramadol (caused a itching per the injured worker), Norco since at least 3-2015, and Meloxicam since at least 3-2015. Per the treating physician (8-27-2015 report), the injured worker is working. The requested treatments included Hydrocodone-Acetaminophen (Norco) 5- 325 mg, Meloxicam 7.5 mg, and Tramadol (Ultram) 50 mg. On 9-23-2015, the original utilization review non-certified requests for Norco 10-325 mg #90 and Amitriptyline 25 mg #90.

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

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

**Hydrocodone- Acetaminophen (Norco) 5/325 mg #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): Opioids, criteria for use.

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "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 nonadherent) drug related behaviors. These domains have been summarized as the "4 A's" (Analgesia, activities of daily living, adverse side effects, and any 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." Review of the available medical records reveals no documentation to support the medical necessity of Norco nor any documentation addressing the '4 A's' domains, which is a recommended practice for the ongoing management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed.

**Meloxicam 7.5 mg #100 with 3 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** With regard to NSAIDs the MTUS CPMTG states: "Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another." "Low back pain (chronic): Both acetaminophen and NSAIDs have been recommended as first line therapy for low back pain. There is insufficient evidence to recommend one medication over the other. Selection should be made on a case-by-case basis based on weighing efficacy vs. side effect profile." The documentation submitted for review indicates that the injured worker has using this medication since at least 2/2014. As it is only recommended for short-term symptomatic relief, the request is not medically necessary. Furthermore, the request for 4 month supply is not appropriate.

**Tramadol (Ultram) 50 mg #60 with 3 refills:** 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.

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "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 nonadherent) drug related behaviors. These domains have been summarized as the "4 A's" (Analgesia, activities of daily living, adverse side effects, and any 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." Review of the available medical records reveals neither documentation to support the medical necessity of tramadol nor any documentation addressing the '4 A's' domains, which is a recommended practice for the ongoing management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. As MTUS

recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed. Furthermore, the request for 4 month supply is not appropriate as it does not allow for timely reassessment of medication efficacy.