

<b>Case Number:</b>	CM15-0206918		
<b>Date Assigned:</b>	10/26/2015	<b>Date of Injury:</b>	11/22/2013
<b>Decision Date:</b>	12/15/2015	<b>UR Denial Date:</b>	10/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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: Physical Medicine & Rehabilitation

### 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 46-year-old male, who sustained an industrial injury on November 22, 2013. The injured worker was diagnosed as having left shoulder impingement syndrome, rule out cervical radiculopathy with double crush, cervical and thoracic myofascial pain, and rule out herniated nucleus pulposus of the thoracic spine. Treatment and diagnostic studies to date has included at least 12 sessions of physical therapy, injection, home exercise program, medication regimen, status post left shoulder surgery in April of 2015, and laboratory studies. In a progress note dated September 10, 2015 the treating physician reports complaints of pain to the left shoulder along with a decrease in range of motion to the right shoulder, complaints of pain to the right shoulder, and complaints of burning pain to the thoracic pain. Examination performed on September 10, 2015 was revealing for tenderness to the bilateral shoulders, decreased shoulder range of motion, spasms to the cervical trapezius and deltoid muscles, and decreased sensation to the left cervical five through seven dermatomes. The injured worker's medication regimen on September 10, 2015 and August 13, 2015 included Tramadol and Hydrocodone since at least April 30, 2015. The injured worker's pain level on September 10, 2015 was rated a 5 out of 10 to the right shoulder, a 7 out of 10 to the left shoulder, and a 6 out of 10 to the thoracic spine and the injured worker's pain level on August 13, 2015 was rated an 8 out of 10 to the left shoulder, a 5 out of 10 to the right shoulder, and a 5 out of 10 to the cervical spine, but did not indicate the injured worker's pain level as rated on a pain scale prior to use of his medication regimen and after use of his medication regimen to indicate the effects with the use of the injured worker's medication regimen. In addition, the progress notes did not indicate if the injured worker experienced any functional improvement with use of his medication regimen. On September 10, 2015, the treating physician requested Hydrocodone 10mg twice a day with a quantity of 60 with

refills unspecified and Tramadol 50mg 4 times a day with a quantity of 120 with refills unspecified noting current use of these medications. On October 14, 2015, the Utilization Review determined the requests for Hydrocodone 10mg twice a day with a quantity of 60 with refills unspecified and Tramadol 50mg 4 times a day with a quantity of 120 with refills unspecified to be modified.

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

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

**Hydrocodone 10mg, twice a day #60 refills unspecified: 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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

**Decision rationale:** The patient was injured on 11/22/13 and presents with pain in his shoulders, thoracic spine, and neck. The request is for HYDROCODONE 10MG, TWICE A DAY #60 REFILLS UNSPECIFIED. There is no RFA provided and the patient is on temporary total disability. The patient has been taking this medication as early as 04/30/15 and treatment reports are provided from 04/30/15 to 10/08/15. MTUS, CRITERIA FOR USE OF OPIOIDS Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, CRITERIA FOR USE OF OPIOIDS Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." The patient had a urine drug screen on 09/10/15 and was consistent with his prescribed medications. In this case, none of the 4 A's are addressed as required by MTUS Guidelines. There are no before and after medication pain scales provided. There are no examples of ADLs, which neither demonstrate medication efficacy nor are there any discussions provided on adverse behavior/side effects. No validated instruments are used either. There are no pain management issues discussed such as CURES report, pain contract, et cetera. No outcome measures are provided as required by MTUS Guidelines. The treating physician does not provide adequate documentation that is required by MTUS Guidelines for continued opiate use. The requested Hydrocodone IS NOT medically necessary.

**Tramadol 50mg 4 times a day #120 refills unspecified: 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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

**Decision rationale:** The patient was injured on 11/22/13 and presents with pain in his shoulders, thoracic spine, and neck. The request is for TRAMADOL 50MG 4 TIMES A DAY #120 REFILLS UNSPECIFIED. There is no RFA provided and the patient is on temporary total disability. The patient has been taking this medication as early as 04/30/15 and treatment reports are provided from 04/30/15 to 10/08/15. MTUS, CRITERIA FOR USE OF OPIOIDS Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, CRITERIA FOR USE OF OPIOIDS Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, page 113 regarding Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. The patient had a urine drug screen on 09/10/15 and was consistent with his prescribed medications. In this case, none of the 4 A's are addressed as required by MTUS Guidelines. There are no before and after medication pain scales provided. There are no examples of ADLs, which neither demonstrate medication efficacy nor are there any discussions provided on adverse behavior/side effects. No validated instruments are used either. There is no pain management issues discussed such as CURES report, pain contract, et cetera. No outcome measures are provided as required by MTUS Guidelines. The treating physician does not provide adequate documentation that is required by MTUS Guidelines for continued opiate use. The requested Tramadol IS NOT medically necessary.