

<b>Case Number:</b>	CM15-0207283		
<b>Date Assigned:</b>	10/26/2015	<b>Date of Injury:</b>	01/20/2011
<b>Decision Date:</b>	12/17/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2015

### 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: New York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency Medicine

### 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 44 year old male who sustained an industrial injury on 1-20-11. He is not working. Medical records indicate that the injured worker has been treated for discogenic nerve condition; discogenic lumbar condition; impingement syndrome and bicipital tendinitis of the shoulder on the left; weight gain; depression; headaches; sleep issues. He currently (9-9-15) has tenderness along the cervical and lumbar paraspinal muscles bilaterally, pain along the facets and pain with facet loading. The 8-12-15 progress note indicated that the injured worker complained of neck pain with spasm and stiffness; left shoulder pain; mid-back pain radiating to the buttock and leg on the right side. His pain level from the 8-12-15 note was 7-8 out of 10 without medication and 3-4 out of 10 with medication. His symptoms have been consistent since at least 11-20-13. The 3-19-14 progress note indicated a pain level of 9 out of 10 without medications, a level with medications was not indicated. His drug screen dated 9-9-15 was positive for prescribed medication. He has difficulty with overhead reaching currently and at least since 10-24-12 per documentation. Treatments to date include medications: gabapentin, Norco (since at least 11-20-13), cyclobenzaprine, pantoprazole, tramadol (since at least 11-20-13); status post decompression, biceps tendon release and stabilization; trigger point injection to the trapezius on the left (6-10-15); physical therapy; transcutaneous electrical nerve stimulator unit; chiropractic treatments with little benefit. The request for authorization dated 9-9-15 was for tramadol ER 150mg #30; Norco 10-325mg #120. On 9-22-15 Utilization Review non-certified the requests for tramadol ER 150mg #30, modified to #15; Norco 10-325mg #120, modified to #60.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Tramadol ER 150mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioid hyperalgesia.

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

**Decision rationale:** The CA MTUS Chronic Pain Guidelines indicate that on-going management for the use of opioids should include the on-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include: current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. There is no evidence of significant pain relief or increased function from the opioids used to date. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. However, specific functional goals, random drug testing, and opioid contract were not discussed. Therefore, the request for Tramadol 150 mg ER #30 is not medically necessary.

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioid hyperalgesia.

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

**Decision rationale:** The CA MTUS Chronic Pain Guidelines indicate that on-going management for the use of opioids should include the on-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include: current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. There is no evidence of significant pain relief or increased function from the opioids used to date. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. However, specific functional goals, random drug testing, and opioid contract were not discussed. Therefore, the request for Norco 10/325 mg #120 is not medically necessary.