

Case Number:	CM15-0208571		
Date Assigned:	10/27/2015	Date of Injury:	10/20/2000
Decision Date:	12/10/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/22/2015

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 55 year old female, who sustained an industrial injury on 10-20-2000. The injured worker is diagnosed with brachial plexus neuropathy and chronic pain due to trauma. Notes dated 8-20-15 and 9-17-15 reveals the injured worker presented with complaints of moderate left shoulder pain that radiates to her sternum described as sharp, tearing, aching and burning and is rated at 6-7 out of 10. She reports her current pain relief does not make much difference; she is without improvement in physical functioning, family relationships, social relationships, mood, sleep patterns and overall function. She reports joint stiffness and arm and shoulder pain. Physical examinations dated 8-20-15 and 9-17-15 revealed decreased and painful left shoulder and neck range of motion. There is tenderness noted in the neck, left shoulder and trapezius muscles. Treatment to date has included medications; Tramadol (3-2015), Norco (3-2015), Clonazepam, heat and ice therapy. A request for authorization dated 9-17-15 for Tramadol 50 mg #90 with 3 refills is modified to #60 with no refills and Norco 10-325 mg #90 is modified to #60, per Utilization Review letter dated 9-28-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Tramadol 50 mg QTY 90 times 3 refills: Upheld

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

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 55 year old patient complains of left shoulder pain radiating to the sternum, rated at 6-7/10, as per progress report dated 09/17/15. The request is for Pharmacy purchase of Tramadol 50 mg QTY 90 times 3 refills. The RFA for this case is dated 09/17/15, and the patient's date of injury is 10/20/00. Diagnoses, as per progress report dated 09/17/15, included brachial plexus neuropathy and chronic pain due to trauma. Medications included Norco, Tramadol and Clonazepam. Diagnoses, as per progress report dated 08/20/15, included scalenus anticus syndrome, chronic pain due to trauma, anxiety with depression, insomnia, and long-term drug use. The patient is unable to work, as per progress report dated 05/28/15. 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. In this case, a prescription for Tramadol is first noted in progress report dated 01/21/15. It is not clear when the opioid was initiated. The patient is also taking Norco for pain relief. As per progress reports dated 02/18/15, 03/18/15 and 04/29/15, "the current pain relief makes a real difference for her. Patient denies improvement in activities of daily living such as physical functioning, family relationships, social relationships, mood, sleep patterns and overall function." As per progress report dated 05/28/15, "the current pain relief makes a real difference for her. She notes improvement in family relationships, social relationships, mood, and sleep patterns, but not physical functioning." In progress report dated 06/25/15, the patient reports improvement in family and social relationships due to medication use but reports no impact on "physical functioning, mood, sleep pattern or overall function." In report dated 08/20/15, the treater states "the pain is relieved with narcotics." As per progress report dated 09/17/15, "the current pain relief doesn't make a real difference for her. Patient denies improvement in activities of daily living such as physical functioning, family relationships, social relationships, mood, sleep patterns and overall function." The patient does not have any side effects. And finally, in progress report dated 10/15/15 (after the UR denial date), the treater states "the current pain relief makes a real difference for her. Patient notes improvement in physical functioning, family relationships, social relationships, mood, sleep patterns and overall function." MTUS requires clear documentation of the 4A's

including, analgesia, ADL's, aberrant behavior, and adverse side effects, for continued opioid use. The treater, however, does not document specific change in pain scale due to opioid use nor does the treater indicate objective functional improvement using validated instruments, or questionnaires with specific categories for continued opioid use. In fact, most reports provide conflicting information regarding efficacy of Tramadol. Additionally, no UDS and CURES report was provided to address aberrant behavior. In this case, treater has not addressed the 4A's adequately to warrant continued use of this medication. Hence, the request IS NOT medically necessary.

Pharmacy purchase of Norco 10/325 mg QTY 90.00: Upheld

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

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 55 year old patient complains of left shoulder pain radiating to the sternum, rated at 6-7/10, as per progress report dated 09/17/15. The request is for Pharmacy purchase of Norco 10/325 mg QTY 90.00. The RFA for this case is dated 09/17/15, and the patient's date of injury is 10/20/00. Diagnoses, as per progress report dated 09/17/15, included brachial plexus neuropathy and chronic pain due to trauma. Medications included Norco, Tramadol and Clonazepam. Diagnoses, as per progress report dated 08/20/15, included scalenus anticus syndrome, chronic pain due to trauma, anxiety with depression, insomnia, and long-term drug use. The patient is unable to work, as per progress report dated 05/28/15. 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 p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In this case, a prescription for Norco is first noted in progress report dated 01/21/15. It is not clear when the opioid was initiated. The patient is also taking Tramadol for pain relief. As per progress reports dated 02/18/15, 03/18/15 and 04/29/15, "the current pain relief makes a real difference for her. Patient denies improvement in activities of daily living such as physical functioning, family relationships, social relationships, mood, sleep patterns and overall function." As per progress report dated 05/28/15, "the current pain relief makes a real difference for her. She notes improvement in family relationships, social relationships, mood, and sleep patterns, but not physical functioning." In progress report dated 06/25/15, the patient reports improvement in

family and social relationships due to medication use but reports no impact on "physical functioning, mood, sleep pattern or overall function." In report dated 08/20/15, the treater states "the pain is relieved with narcotics." As per progress report dated 09/17/15, "the current pain relief doesn't make a real difference for her. Patient denies improvement in activities of daily living such as physical functioning, family relationships, social relationships, mood, sleep patterns and overall function." The patient does not have any side effects. And finally, in progress report dated 10/15/15 (after the UR denial date), the treater states "the current pain relief makes a real difference for her. Patient notes improvement in physical functioning, family relationships, social relationships, mood, sleep patterns and overall function." MTUS requires clear documentation of the 4A's, including analgesia, ADL's, aberrant behavior, and adverse side effects, for continued opioid use. The treater, however, does not document specific change in pain scale due to opioid use nor does the treater indicate objective functional improvement using validated instruments, or questionnaires with specific categories for continued opioid use. In fact, most reports provide conflicting information regarding efficacy of Norco. Additionally, no UDS and CURES report was provided to address aberrant behavior. In this case, treater has not addressed the 4A's adequately to warrant continued use of this medication. Hence, the request IS NOT medically necessary.