

<b>Case Number:</b>	CM15-0025366		
<b>Date Assigned:</b>	02/17/2015	<b>Date of Injury:</b>	09/01/1993
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	01/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2015

### 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: Texas, Florida

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 59-year-old female, who sustained an industrial injury on 9/1/93. She has reported neck and shoulders. The diagnoses have included chronic right shoulder pain, fibromyalgia, anxiety, depression and bilateral shoulders pain. Treatment to date has included oral medications. Nerve conduction studies performed on 12/11/14 revealed mild bilateral carpal tunnel syndrome and no Electrodiagnostic evidence of cervical radiculopathy, brachial plexopathy or ulnar neuropathy. Currently, the injured worker complains of headaches, aching pain in neck, bilateral shoulders and bilateral arms, she also complains of pain in the stomach. On physical exam dated 1/15/15 the injured worker stated Adderall and Norco are the medications helping her. Tenderness and muscle spasm are noted of cervical spine at rest and with range of motion, torticollis, weakness is noted of the deltoid musculature and sensation of the dorsum of the hand was diminished. The Spurlings's Sign was noted to be positive. The medications listed are Cymbalta, Bupropion, Ultram, Norco and Adderall. The Norco is being weaned while the Ultram is started. There was no UDS report available for this review. On 1/29/15 Utilization Review non-certified Norco 10/325 #60, noting the continued use of Norco is not medically appropriate and the injured worker has been utilizing it since 2011 and Ultram 50mg # 60 with one refill, noting it is not medically appropriate at this time. The MTUS, ACOEM Guidelines, was cited. On 2/3/15, the injured worker submitted an application for IMR for review of Norco 10/325 #60 and Ultram 50mg # 60 with one refill.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**60 Norco 10/325mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone / Acetaminophen; Criteria for use of Opioids; Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the short treatment of exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of opioids can be associated with the development of tolerance, dependency, sedation, addiction, opioid induced hyperalgesia and adverse interaction with sedative medications. The records indicate that the patient is utilizing multiple opioid medications and psychiatric medications. It is unclear if the Aderral is being utilized to treat opioid induced somnolence and daytime sedation. There is no documentation of guidelines required compliance monitoring measures such as UDS, absence of aberrant behaviors and objective findings of functional restoration with utilization of opioids. The guidelines recommend the use anticonvulsants such as gabapentin in patients with neuropathic pain and co-existing psychosomatic symptoms. The criteria for the use of Norco 10/325mg #60 was not met.

**60 Ultram 50mg with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol; Opioids; Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the short treatment of exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of opioids can be associated with the development of tolerance, dependency, sedation, addiction, opioid induced hyperalgesia and adverse interaction with sedative medications. The records indicate that the patient is utilizing multiple opioid medications and psychiatric medications. It is unclear if the Aderral is being utilized to treat opioid induced adverse effects such as somnolence and daytime sedation. There is no documentation of guidelines required compliance monitoring measures such as UDS, absence of aberrant behaviors and objective findings of functional restoration with utilization of opioids. The guidelines recommend the use anticonvulsants such as gabapentin in patients with neuropathic pain and co-existing psychosomatic symptoms. The criteria for the use of Ultram 50mg #60 with 1 refill was not met.

