

<b>Case Number:</b>	CM15-0027419		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	10/16/2006
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	02/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2015

### 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

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 38 year old male, who sustained an industrial injury on October 16, 2006. His diagnoses include lumbar post laminectomy syndrome, lumbar radiculopathy, status post lumbar spine fusion, and chronic pain. He has been treated with MRI and CT scan in 2010, home exercise program, and medications including pain, sleep, and non-steroidal anti-inflammatory. On January 16, 2015, his treating physician reports neck pain that radiates down the bilateral upper extremities, and low back pain that radiates down the bilateral lower extremities, left greater than right. Associated symptoms included bilateral lower extremities weakness, bilateral hips and toe pain, ongoing headaches, and insomnia due to ongoing pain. His pain level is 9/10 with medications and 10/10 without medications since last visit. On September 30, 2014, he underwent a hardware block, which provided moderate overall improvement for 5-7 days. He reports good improvement of mobility. Current medications and therapy have been very helpful. The physical exam revealed a slow gait, lumbar 3-5 muscle spasms, tenderness to palpation of the spinal vertebral area of lumbar 4-sacral 1 levels, moderately decreased lumbar spine range of motion due to pain, decreased motor strength of the extensor muscles along the lumbar 4- sacral 1 dermatome in bilateral lower extremities, negative bilateral sitting straight leg raise, and tenderness to palpation at the bilateral hips. The treatment plan includes renewing the current pain and non-steroidal anti-inflammatory medications. On February 13, 2015, the injured worker submitted an application for IMR for review of 1 prescription for Ibuprofen 800mg one every 12 hours #90, 1 prescription for Norco 10-325mg one every 4-6 hours #150, and 1 prescription for Tramadol ER twice a day #60. The Ibuprofen was non-certified based on the

lack of clear documentation of how long the patient has been using this non-steroidal anti-inflammatory medication. The Norco and Tramadol ER were modified based on lack of documentation of significant decreased pain with the use of two opioid medications. In addition, abrupt discontinuation may result in withdrawal symptoms, and weaning is a consideration for these medications. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines was cited.

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

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

**Tramadol ER #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 76-78, 88-89.

**Decision rationale:** This patient presents with neck pain that radiates into the upper extremities, low back pain that radiates into the bilateral lower extremities, headaches, and complaints of insomnia. The current request is for tramadol ER #60. For chronic opiate use, the MTUS Guidelines, pages 88 and 89, states, "Pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS, page 78, also requires documentation of 4 A's including analgesia, ADLs, adverse side effects, and adverse behavior. Pain assessment or outcome measures should be provided and includes current pain, average pain, least pain, intensity of pain with medication, time it takes for medication to work, and duration of pain relief. Review of the medical file indicates the patient has been utilizing tramadol since at least 08/05/2014. According to progress report dated 08/05/2014, the patient's pain intensity with medication is 9/10, and without medication 10/10. Patient reports that the use of opioid medication is helpful in reducing his pain and aiding in his sleep. Patient also reports his quality of life has improved as a result of medication use. It was noted the patient is compliant with medication, and potential adverse side effects were discussed. On 10/28/2014, the patient reported that pain with and without medication was 10/10. In this case, it appears that medication is not providing adequate pain relief, and there is no discussion regarding specific functional improvement, changes in ADL, or change in work status with long-term opiate use. In reviewing the progress reports, it appears, at most, the use of medication has provided nominal improvement with pain levels at 9-10/10 with medications. The treating physician states the patient is compliant with medications; however, there are no urine drug screens or CURES report to monitor for compliance. The treating physician has failed to provide the minimum requirements as required by MTUS for opiate management. The requested tramadol ER is not medically necessary.

**Norco 10/325mg #150:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 76-78, 88-89.

**Decision rationale:** This patient presents with chronic neck pain that radiates into the upper extremities, low back pain that radiates into the bilateral lower extremities, headaches, and complaints of insomnia. The current request is for Norco 10/325 mg #150. For chronic opiate use, the MTUS Guidelines, pages 88 and 89, states, "Pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS, page 78, also requires documentation of 4 A's including analgesia, ADLs, adverse side effects, and adverse behavior. Pain assessment or outcome measures should be provided and includes current pain, average pain, least pain, intensity of pain with medication, time it takes for medication to work, and duration of pain relief. Review of the medical file indicates the patient has been utilizing Norco since at least 08/05/2014. According to progress report dated 08/05/2014, the patient's pain intensity with medication is 9/10, and without medication 10/10. Patient reports that the use of opioid medication is helpful in reducing his pain and aiding in his sleep. Patient also reports his quality of life has improved as a result of medication use. It was noted the patient is compliant with medication, and potential adverse side effects were discussed. On 10/28/2014, the patient reported that pain with and without medication was 10/10. In this case, it appears that medication is not providing adequate pain relief, and there is no discussion regarding specific functional improvement, changes in ADL, or change in work status with long-term opiate use. In reviewing the progress reports, it appears, at most, the use of medication has provided nominal improvement with pain levels at 9-10/10 with medications. The treating physician states the patient is compliant with medications; however, there are no urine drug screens or CURES report to monitor for compliance. The treating physician has failed to provide the minimum requirements as required by MTUS for opiate management. The requested Norco is not medically necessary.

**Ibuprofen 800mg #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications. Medications for chronic pain Page(s): 22-60.

**Decision rationale:** This patient presents with chronic neck pain that radiates into the upper extremities, low back pain that radiates into the bilateral lower extremities, headaches, and complaints of insomnia. The current request is for ibuprofen 800 mg #90. Regarding NSAIDs, MTUS chronic pain medical treatment guidelines, page 22, states, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." Review of the medical file indicates that the patient has been utilizing tramadol and Norco since at least 08/05/2014. It is unclear when the patient was first prescribed ibuprofen; however, it is prior to 10/25/2014, as this report states, "Ibuprofen: Renew as previously prescribed." The treating physician has stated that medications have been helpful in reducing pain and has provided functional improvement. MTUS page 60,

states that a record of pain and function is required when medication is used for chronic pain. Given the patient's chronic pain and the treating physician's documentation of medication efficacy, the requested ibuprofen is medically necessary.