

<b>Case Number:</b>	CM15-0214602		
<b>Date Assigned:</b>	11/04/2015	<b>Date of Injury:</b>	07/31/2014
<b>Decision Date:</b>	12/23/2015	<b>UR Denial Date:</b>	10/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/02/2015

### 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, District of Columbia, Maryland  
 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 62 year old male, who sustained an industrial injury on 7-31-14. The injured worker was diagnosed as having chronic cervicgia. Treatment to date has included status post anterior cervical disc fusion (ACDF) C4-5, C5-6, C6-7, C7-T1, T1-2 (4-28-15); physical therapy; medications. Currently, the PR-2 notes dated 9-16-15 are hand written by the provider. He appears to indicate the injured worker complains of cervical spine pain 5-6 out of 10 at night when he sleeps; intermittent ache; increased pain with turning neck too fast. The pain radiates to the left shoulder. He is a status post anterior cervical disc fusion (ACDF) C4-5, C5-6, C6-7, C7-T1, T1-2 fusion on 4-28-15. The left shoulder pain started after the cervical thoracic surgery. The left shoulder pain occurs with reaching up and reaching back. This pain started after the neck brace was removed 2-3 weeks after surgery. He will continue with post-operative physical therapy. He has a follow-up with the surgeon November 2015. Treatment plan notes indicate these medications have been prescribed since 8-10-15. A Request for Authorization is dated 11-2-15. A Utilization Review letter is dated 10-7-15 and NON-CERTIFICATION for Voltaren extended release quantity 30 with one refill. Utilization Review MODIFIED THE CERTIFICATION for Ultram 50mg quantity 60 with one refill to allow Ultram 50mg 60 with NO REFILL. A request for authorization has been received for Ultram 50mg quantity 60 with one refill and Voltaren extended release quantity 30 with one refill.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram 50mg quantity 60 with one refill:** Upheld

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

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

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the "4 A's" (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveals no documentation to support the medical necessity of Ultram or any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. As MTUS recommends discontinuing opioids if there is no overall improvement in function, medical necessity cannot be affirmed. Furthermore, the request for 2 month supply is not medically necessary or appropriate as it does not allow for timely reassessment of efficacy.

**Voltaren extended release quantity 30 with one refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** With regard to the use of NSAIDs for chronic low back pain, the MTUS CPMTG states "Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In addition,

evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another." "Low back pain (chronic): Both acetaminophen and NSAIDs have been recommended as first line therapy for low back pain. There is insufficient evidence to recommend one medication over the other. Selection should be made on a case-by-case basis based on weighing efficacy vs. side effect profile." The documentation submitted for review indicates that the injured worker has been using this medication since at least 10/2014. As it is only recommended for short-term symptomatic relief, the request is not medically necessary.