

<b>Case Number:</b>	CM15-0033204		
<b>Date Assigned:</b>	02/26/2015	<b>Date of Injury:</b>	12/02/2013
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	02/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 12/02/2013. Diagnoses include cervical intervertebral disc herniation, multiple cervical stenosis with myelopathy, right upper extremity polyradiculopathy referable to C6-C7 and right shoulder hypertrophic changes of the sub acromioclavicular joint per x ray of 5/13/2014. Treatment to date has included medications, surgery, and physical therapy. A physician progress note dated 01/07/2015 documents the injured worker has pain in the right shoulder, cervical and thoracic spine. Her pain is rated as 4 out of 10 in severity on the subjective pain scale. Range of motion of the cervical spine is decreased. There was no pain on palpation. There is decreased range of motion to the right shoulder and there is mild tenderness to palpation at the right acromioclavicular joint space as well as the right subacromial bursa. The patient has a negative Neers sign, negative Hawkins-Kennedy sign and negative drop arm sign. A Magnetic Resonance Imaging of the right shoulder done on 12/22/2014 revealed severe degenerative changes of the acromioclavicular joint, mild tendinosis supraspinatus tendon with moderate tendinosis and delamination of the infraspinatus tendon and intrasubstance degenerative changes of the super labrum with fraying. Treatment requested is for Butrans 5mcg/hr. patch Qty: 8.00, and Tramadol 50mg Tablets Qty: 120.00. On 02/03/2015 Utilization Review modified the request for Butrans 5mcg/hr. patch Qty: 8.00 to Butrans 5mcg/hr. one patch every week Qty: 3 for weaning process and cited was California Medical Treatment Utilization Schedule-Chronic Pain Treatment Guidelines. The request for Tramadol 50mg tablets QTY: 120 was modified to

Tramadol 50mg Tablets Qty: 48 for weaning purposes and cited was California Medical Treatment Utilization Schedule-Chronic Pain Treatment Guidelines.

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

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

**Tramadol 50mg Tablets Qty : 120.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94, 113.

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

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tramadol 50mg #120 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are cervical intervertebral disc herniation; multiple cervical stenosis with myelopathy; right upper extremity poly-radiculopathy referable to C6 ? C7; right shoulder hypertrophic changes of the AC joint for x-ray. Subjectively, the injured worker complains of pain 4/10. This is slightly decreased from the value given November 26, 2014. The treating physician prescribed tramadol as early as November 26, 2014 according to the progress note with the same date. There are no first-line medications such as non-steroidal anti-inflammatories documented in the medical record. There are no risk assessments for detailed pain assessments and medical record. There is no documentation demonstrating objective functional improvement with ongoing tramadol 50 mg use. Consequently, absent compelling clinical documentation with objective functional improvement to support the ongoing long-term use of Tramadol, Tramadol 50 mg #120 is not medically necessary.

**Butrans 5mcg/hr patch Qty: 8.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Butrans.

**Decision rationale:** Pursuant to the Official Disability Guidelines, Butrans patch 5mcg #8 is not medically necessary. Butrans is recommended as an option for treatment of chronic pain in selected patients (not a first-line drug). Suggested populations are patients with hyperalgesia

complement pain; patients with centrally mediated pain; patients with neuropathic pain; patients at high risk of nonadherence with standard opiate maintenance; and for analgesia in patients who have previously been detoxified from other high-dose opiates. In this case, the injured worker's working diagnoses are cervical intervertebral disc herniation; multiple cervical stenosis with myelopathy; right upper extremity poly-radikulopathy referable to C6 ? C7; right shoulder hypertrophic changes of the AC joint for x-ray. Subjectively, the injured worker complains of pain 4/10. This is slightly decreased from the value given November 26, 2014. The documentation shows the injured worker was taking Butrans 10mcg as far back as September 2014. Butrans 10mcg was causing drowsiness. In a progress note dated October 15, 2014, the Butrans dose was lowered to 5mcg. Butrans is recommended as an option for treatment of chronic pain in selected patients (not a first-line drug). The documentation does not contain failed first-line therapy such as non-steroidal anti-inflammatory drugs. The injured worker does not have a history of opiate misuse or abuse or a previous drug detox programs. There are no risk assessments in the medical record nor are there any detailed pain assessments in the medical record. There is no documentation demonstrating objective functional improvement with ongoing Butrans use. Consequently, absent compelling clinical documentation with objective functional improvement to support the ongoing long-term use of Butrans 5mcg, Butrans 5mcg #8 is not medically necessary.