

<b>Case Number:</b>	CM15-0040776		
<b>Date Assigned:</b>	03/11/2015	<b>Date of Injury:</b>	08/15/2013
<b>Decision Date:</b>	04/20/2015	<b>UR Denial Date:</b>	02/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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 54 year old male who sustained a work related injury August 15, 2013. He was crushed between a wall and a semi-truck, causing immediate pain to the cervical, thoracic, and lumbar spine. He reports his lungs collapsed, he had broken ribs, ruptured spleen, and spent 8 days hospitalized. According to a follow-up physical medicine and pain management physician's progress report, dated February 9, 2015, the injured worker presented with continued sharp, dull, aching and burning sensation in the cervical, thoracic, and lumbar spine. It is unchanged, slightly worse, and continues to radiate to the upper and lower extremities through the right hip, rated 6-9/10. Rest, therapy, acupuncture, heat and medications have helped to alleviate the pain. Diagnoses included cervical, trapezius, rhomboid, thoracic, quadratus and lumbar strain; ligament and muscle strain and spasm. Treatment plan included; awaiting MRI shoulder and requests for physical therapy, medications, and to continue with the home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg 1 tab every 8 hours as needed: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** Based on the 02/09/15 progress report provided by treating physician, the patient presents with cervical, thoracic and lumbar spine pain rated 6-9/10. The request is for NORCO 5/325MG 1 TAB EVERY 8 HOURS AS NEEDED. Per treater report dated 02/03/15, the patient is status post C-spine, C4-5 11/21/13, and right shoulder arthroscopy 06/17/14. RFA not provided. Patient's diagnosis on 02/09/15 includes cervical, thoracic, lumbar, axial skeleton, rhomboid, quadratus lumborum strain; and ligament and muscle strain and spasm. Rest, therapy, acupuncture, heat and medications have helped to alleviate the pain. Patient's medications include Norco, Tramadol and Neurontin. The patient is retired, per treater report dated 02/03/15. MTUS Guidelines 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 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. Per progress report dated 02/09/15, treater states "We are going to refill Norco and Tramadol. The patient reports increased functional capacity and decreased pain with medications. He continues home exercise program and medications." It is not known when Norco was initiated. It appears patient has taken Norco prior to progress report dated 10/06/14 which states ".The patient has not improved significantly. The labs were thoroughly reviewed with the patient and communicated the findings of increased levels. The patient was thoroughly aware, and he wants to stop taking Norco, so we will no longer prescribe Norco." In this case, treater has not stated how Norco reduces pain and significantly improves patient's activities of daily living. Treater has addressed analgesia with pain scales. However, there are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. No UDSs, opioid pain agreement or CURES reports. MTUS requires appropriate discussion of the 4A's. Furthermore, treater has not documented reason for starting patient again on Norco, nor has the reason for stopping been clarified, per treater report dated 10/06/14. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

**Tramadol 37.5/325mg 2 tabs every 6 to 8 hours:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Tramadol Page(s): 76-78, 88-89, 113.

**Decision rationale:** Based on the 02/09/15 progress report provided by treating physician, the patient presents with cervical, thoracic and lumbar spine pain rated 6-9/10. The request is for TRAMADOL 375/325MG 2TABS EVERY 6 TO 8 HOURS. Per treater report dated 02/03/15,

the patient is status post C-spine, C4-5 11/21/13, and right shoulder arthroscopy 06/17/14. RFA not provided. Patient's diagnosis on 02/09/15 includes cervical, thoracic, lumbar, axial skeleton, rhomboid, quadratus lumborum strain; and ligament and muscle strain and spasm. Rest, therapy, acupuncture, heat and medications have helped to alleviate the pain. Patient's medications include Norco, Tramadol and Neurontin. The patient is retired, per treater report dated 02/03/15. MTUS Guidelines 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 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 Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for 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. Per progress report dated 02/09/15, treater states "We are going to refill Norco and Tramadol. The patient reports increased functional capacity and decreased pain with medications. He continues home exercise program and medications." It is not known when Tramadol was initiated. In this case, treater has not stated how Tramadol reduces pain and significantly improves patient's activities of daily living. Treater has addressed analgesia with pain scales. However, there are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. No UDSs, opioid pain agreement or CURES reports. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.