

Case Number:	CM15-0058064		
Date Assigned:	04/02/2015	Date of Injury:	07/28/2003
Decision Date:	05/19/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/26/2015

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 58-year-old female who reported an injury on 02/1994. The mechanism of injury was not provided. The injured worker's diagnoses include sprain/sprain of the cervical spine with disc bulging, bilateral elbow and medial and lateral epicondylitis, left thumb metacarpal joint arthritis, strain/sprain of the right wrist, strain/sprain of the lumbar spine with disc bulging, headaches and facial numbness. The past treatment includes chiropractic therapy, medications and home exercise program. The x-ray of the cervical spine from 10/25/2014 notes straightening of the normal lower lordotic curve, mild textural curvature. There were also degenerative changes of mild disc space narrowing C5-6, right C4-5 and C5-6 facet arthropathies and 2.1 mm anterior subluxation of the C4 on C5 and 1.4 cm anterior subluxation of C5 on C6. There is no surgical history provided. The progress note from 02/10/2015 notes that the injured worker complaints of pain on the left side of her neck that has been very bad lately. She also complained of low back pain and bilateral wrist pain. She states that she had trouble sleeping and had numbness in her left hand and fingers every night. The injured worker's medications include tramadol, Robaxin, and Ambien. The injured worker noted functional improvement and improvement in pain with her current medication regimen. The injured worker states her pain at an 8/10 to 9/10 with the use of her medication. Without pain medication, she states that her pain is a 5/10 to 6/10. She states that with her medication she is able to increase her abilities to stand, walk, and work. There is tenderness noted over the cervical paraspinals and trapezii muscles. The injured worker's range of motion in the cervical spine was 45 degrees at flexion, 40 degrees extension, and lateral rotation was 20 degrees bilaterally. There was tenderness over the midline

lower lumbar spine. The lumbar spine range of motion was 40 degrees at flexion, 10 degrees at extension and 20 degrees at lateral bending bilaterally. It states that the Norco was prescribed to help with the transition to tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine Drug Testing.

Decision rationale: The injured worker stated that she had left side of her neck pain as well as low back pain, bilateral wrist pain. She stated that she had trouble sleeping, and had numbness in her left hand and fingers every night. The injured worker rated her pain at an 8/10 to 9/10 with the use of her medication and a 5/10 to 6/10 with pain medication. She stated that she did have an increase of activity of daily living with her medication usage. The injured worker had a decreased range of motion in the cervical spine and lumbar spine. There was tenderness over the cervical paraspinals and trapezii muscles as well as tenderness over the midline lower lumbar spine. The documentation notes that the injured worker was going to be prescribed Norco to continue to help with the transition to tramadol. The injured worker's medications include tramadol, Ambien, and Robaxin. The documentation also notes that the injured worker was previously certified for urine drug screen on 12/26/2014. The Official Disability Guidelines recommend the use of urine drug testing for patients at low risk of an addiction/aberrant behavior within 6 months of initiation of therapy and on a yearly basis thereafter. There is no documentation of the injured worker having addiction/aberrant behaviors that would require the need for more often drug testing. The injured worker has also been previously certified for urine drug screen. Therefore, the request for urine drug screen is not medically necessary.

Tramadol 50mg quantity 100 with three refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-94.

Decision rationale: The injured worker stated that she had left side of her neck pain as well as low back pain, bilateral wrist pain. She stated that she had trouble sleeping, and had numbness in her left hand and fingers every night. The injured worker rated her pain at an 8/10 to 9/10 with the use of her medication and a 5/10 to 6/10 with pain medication. She stated that she did have an increase of activity of daily living with her medication usage. The injured worker had a

decreased range of motion in the cervical spine and lumbar spine. There was tenderness over the cervical paraspinals and trapezii muscles as well as tenderness over the midline lower lumbar spine. The documentation notes that the injured worker was going to be prescribed Norco to continue to help with the transition to tramadol. The injured worker's medications include tramadol, Ambien, and Robaxin. The California Medical Treatment Guidelines note that the ongoing use of opioid medication should include the documentation review of pain relief, functional status, appropriate medication use and side effects. The pain assessment should include current pain, the least reported pain of a period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief and how long the pain relief lasts. The documentation notes that while she is using her pain medication of tramadol, the injured worker does have an increased ability for activities of daily living. The documentation does note that the injured worker has an 8/9 pain with her pain medication and a 5/6 pain without pain medication. An appropriate pain assessment is not provided that includes the injured worker's least recorded pain over the last period, average pain, intensity of pain after taking the opioid and how long it takes for pain relief as well as how long pain relief lasts. In addition, no documentation provided of the side effects while using this pain medication being addressed. Since the documentation notes that injured worker's pain has increased with medications as well as there is no complete pain assessment included, as well as no documentation of the injured worker's side effects, the request for tramadol 50 mg quantity 100 with 3 refills is not medically necessary.

Ambien 5mg quantity 30 with one refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The injured worker stated that she has left side of her neck pain as well as low back pain, bilateral wrist pain. She stated that she had trouble sleeping, and had numbness in her left hand and fingers every night. The injured worker rated her pain at an 8/10 to 9/10 with the use of her medication and a 5/10 to 6/10 with pain medication. She states that she did have an increase of activity of daily living with her medication usage. The injured worker had a decreased range of motion in the cervical spine and lumbar spine. There was tenderness over the cervical paraspinals and trapezii muscles as well as tenderness over the midline lower lumbar spine. The documentation notes that the injured worker was going to be prescribed Norco to continue to help with the transition to tramadol. The injured worker's medications include tramadol, Ambien, and Robaxin. The Official Disability Guidelines note that zolpidem as prescription short acting non-benzodiazepine hypnotic, which is recommended for short-term treatment of insomnia. The documentation noted that the injured worker has previously used Ambien. Therefore, the request for Ambien 5mg quantity 30 with one refill is not medically necessary.

Robaxin 750mg quantity 120 with two refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-65.

Decision rationale: The injured worker stated that she has left side of her neck pain as well as low back pain, bilateral wrist pain. She stated that she had trouble sleeping, and had numbness in her left hand and fingers every night. The injured worker rated her pain at an 8/10 to 9/10 with the use of her medication and a 5/10 to 6/10 with pain medication. She stated that she did have an increase of activity of daily living with her medication usage. The injured worker had a decreased range of motion in the cervical spine and lumbar spine. There was tenderness over the cervical paraspinals and trapezii muscles as well as tenderness over the midline lower lumbar spine. The documentation notes that the injured worker was going to be prescribed Norco to continue to help with the transition to tramadol. The injured worker's medications include tramadol, Ambien, and Robaxin. The California Medical Treatment Guidelines note that muscle relaxants for pain are recommended for non-sedating muscle relaxants for short-term treatment of acute exacerbations in patients with chronic low back pain. The injured worker has documentation noting that Robaxin has previously been used. Since the recommendation for muscle relaxants for pain is used for short-term treatment, the request for Robaxin 750 mg quantity 120 with 2 refills is not medically necessary.

Norco 10/325mg quantity 30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-94.

Decision rationale: The injured worker states that she has left side of her neck pain as well as low back pain, bilateral wrist pain. She stated that she had trouble sleeping, and had numbness in her left hand and fingers every night. The injured worker rated her pain at an 8/10 to 9/10 with the use of her medication and a 5/10 to 6/10 with pain medication. She stated that she did have an increase of activity of daily living with her medication usage. The injured worker had a decreased range of motion in the cervical spine and lumbar spine. There was tenderness over the cervical paraspinals and trapezii muscles as well as tenderness over the midline lower lumbar spine. The documentation notes that the injured worker was going to be prescribed Norco to continue to help with the transition to tramadol. The injured worker's medications include tramadol, Ambien, and Robaxin. The documentation notes that Norco would be certified to continue the transition to tramadol. The California Medical Treatment Guidelines recommend the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects for the use of opioids. The pain assessment should include current pain; least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief and how long pain relief lasts. There is no documentation as to the need for 2 opioids to be used. There is also no documentation of why

Norco is still needed for the transition to Ultram. There is also no documentation of the injured worker's side effects with the opioid use. There is also no documentation of appropriate pain assessment that includes the least reported pain since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief and how long pain relief lasts. Therefore, the request for Norco 10/325 mg quantity 30 is not medically necessary.