

<b>Case Number:</b>	CM15-0085593		
<b>Date Assigned:</b>	05/08/2015	<b>Date of Injury:</b>	10/04/2006
<b>Decision Date:</b>	06/09/2015	<b>UR Denial Date:</b>	04/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 51-year-old female, who sustained an industrial injury on 10/04/2006. The injured worker is currently not working. The injured worker is currently diagnosed as having degeneration of cervical intervertebral disc, cervical spondylosis with myelopathy, displacement of cervical intervertebral disc without myelopathy, cervicalgia, chronic pain syndrome, muscle spasms, and osteoarthritis of spinal facet joint. Treatment and diagnostics to date has included cervical spine MRI, cervical spine fusion, counseling, and medications. In a progress note dated 02/23/2015, the injured worker presented with complaints of neck pain. Objective findings include continued severe tenderness and spasm over the bilateral trapezius and parafacet region with limited range of motion. The treating physician reported requesting authorization for Motrin, Ultram, and Oxycodone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Motrin 800mg 1 tab PO BID #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, p73 Page(s): 73.

**Decision rationale:** The claimant sustained a work-related injury in October 2006 and continues to be treated for neck pain. When seen, there was cervical spine tenderness with decreased and painful range of motion and trigger points. Medications are referenced as decreasing pain from 10/10 to 9/10 but also as allowing for activities of daily living and helping to keep her pain manageable. Oxycodone and Ultram are being prescribed at a total (MED (morphine equivalent dose) of 85 mg per day. Oral NSAIDS (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain. Recommended dosing of Motrin (ibuprofen) ranges from 1200 mg per day and should not exceed 3200 mg/day. In this case, the requested dosing is within guideline recommendations and therefore medically necessary.

**Ultram 50mg 1 tab PO QID PRN #120:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80 (3) Opioids, dosing, p86 Page(s): 8, 76-80, 86.

**Decision rationale:** The claimant sustained a work-related injury in October 2006 and continues to be treated for neck pain. When seen, there was cervical spine tenderness with decreased and painful range of motion and trigger points. Medications are referenced as decreasing pain from 10/10 to 9/10 but also as allowing for activities of daily living and helping to keep her pain manageable. Oxycodone and Ultram are being prescribed at a total (MED (morphine equivalent dose) of 85 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Ultram (tramadol) is an immediate release medication often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management and, although providing minimal pain relief, is facilitating improved activities of daily living. There are no identified issues of abuse or addiction. The total MED is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Ultram is medically necessary.

**Oxycodone Hydrochloride 10mg 1 tab PO TID-QID #90:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80 (3) Opioids, dosing, p86 Page(s): 8, 76-80, 86.

**Decision rationale:** The claimant sustained a work-related injury in October 2006 and continues to be treated for neck pain. When seen, there was cervical spine tenderness with decreased and painful range of motion and trigger points. Medications are referenced as decreasing pain from 10/10 to 9/10 but also as allowing for activities of daily living and helping to keep her pain manageable. Oxycodone and Ultram are being prescribed at a total (MED (morphine equivalent dose) of 85 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Oxycodone is an immediate release medication often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management and, although providing minimal pain relief, is facilitating improved activities of daily living. There are no identified issues of abuse or addiction. The total MED is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of oxycodone is medically necessary.