

<b>Case Number:</b>	CM14-0115156		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	08/25/2013
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	07/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2014

### 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. The expert reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 39-year-old man who sustained a work-related injury on August 25, 2013. Subsequently, he developed low back, neck, and right knee pain. The patient had persistent pain and was treated with Motrin and Prilosec. In addition, he was treated with ultrasound to the right knee and physical therapy for the neck and left shoulder. A progress report dated July 2, 2014 reports the patient's knee pain is much better but his neck is worse. His pain is 5/10 with medications and 7/10 without. He continued to have spasms in the neck and shoulder but noted improvement with norflex. He has developed GI (gastrointestinal) upset with medications. His physical examination revealed normal neurological examination except for questionable weakness left at C6/7/8. Straight leg raise was negative bilaterally. Mild cervical and left shoulder tenderness. Muscle spasms noted in the cervical paraspinals. Negative Lhermitte's and Spurling's sign. Mild left shoulder impingement. Mild cervical and left shoulder tenderness with posterior spasms. Cervical spine range of motion decreased 30%. Mild left shoulder impingement. According to a report dated August 10, 2014, the patient was complaining of daily cervical spine pain. The pain is at 8-9/10. Left shoulder pain is at 6-7/10. The pain is worse with forward motion and overhead reaching. Prior medications included Norflex, Norco, and Tramadol. A February 14 and April 23, 2014 UDS (urine drug screen) was performed and was positive for Marijuana. The patient was diagnosed with cervical strain, lumbar strain, right knee contusion, and left shoulder sprain. The provider requested authorization to use Hydrocodone/Acetaminophen, Tramadol ER, and Norflex.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/Acetaminophen 10/325 MG #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

**Decision rationale:** According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy; (b) The lowest possible dose should be prescribed to improve pain and function; (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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 aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. According to the patient file, he continued to have severe pain despite the use of Norco. There is no objective documentation of pain and functional improvement to justify continuous use of Norco in this patient. The patient reported side effect from long term use of Norco including GI. There is no documentation of compliance of the patient with his medications. Therefore, the prescription of Hydrocodone/Acetaminophen 10/325 mg #90 is not medically necessary.

**Tramadol ER 150 MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

**Decision rationale:** According to MTUS guidelines, Ultram (Tramadol) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy; (b) The lowest possible dose should be prescribed to improve pain and function; (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be

considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: 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 aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. Although, Tramadol may be needed to help with the patient's pain, there is no clear evidence of objective and recent functional and pain improvement from previous use of narcotics. There is no clear documentation of the efficacy/safety of previous use of tramadol. There is no recent evidence of objective monitoring of compliance of the patient with his medications. Therefore, the prescription of Tramadol ER 150 mg #60 is not medically necessary.

**Norflex 100 MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 65-64.

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

**Decision rationale:** According to MTUS guidelines, Norflex a non-sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The guidelines do not recommend being used form more than 2-3 weeks. The patient in this case does not have clear recent evidence of spasm and the prolonged use of Norflex is not justified. There is no clear documentation about when the drug was started; however, it seems that it was used at least since January 2014 without clear and objective documentation of its efficacy. Therefore, the request for Norflex is not medically necessary.