

<b>Case Number:</b>	CM14-0212328		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	05/16/2007
<b>Decision Date:</b>	03/04/2015	<b>UR Denial Date:</b>	12/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2014

### 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. 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, 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's original date of injury was May 16, 2007. The diagnoses include chronic shoulder pain, limb pain, and there is a history of left shoulder arthroscopic decompression with labral debridement on January 30, 2009. Patient also had a history of right carpal tunnel release and right cubital tunnel decompression in 2011. The patient has been made permanent and stationary since September 26, 2007. The current pain regimen include Lyrica, Celebrex, tramadol extended release, and topical pain medications. The disputed issue includes the request for tramadol extended release and replacement of a H- wave stimulator. A utilization review determination had noncertified these request. The rationale for the denial of the tramadol was that there was the concurrent use of Norco. The reviewer also pointed out that there was no documentation of the pain contract with this patient. With regard to the H wave stimulator denial, the reviewer stated that this device is more often used for muscle size and an acute pain as opposed to neuropathy or radicular pain, and therefore is not recommended in this case.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram ER 300mg #30 x 1 refill:** Overturned

**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 Tramadol, Opioid Criteria Page(s): 76-80, 94.

**Decision rationale:** Tramadol is a centrally acting opioid agonist and also inhibits the reuptake of serotonin and norepinephrine. On July 2, 2014, the DEA published in the Federal Register the final rule placing tramadol into schedule IV of the Controlled Substances Act. This rule will become effective on August 18, 2014. The CPMTG specifies that this is a second line agent for neuropathic pain. Given its opioid agonist activity, it is subject to the opioid criteria specified on pages 76-80 of the CPMTG. With regard to this request, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "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 nonadherent) 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 for documentation of the clinical use of these controlled drugs." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress reports available for review, the primary treating physician did adequately document monitoring of the four domains. Pain relief was documented in a decrease from pain score with the use of medications in a note from 11/26/14. Functionally, there is a statement that the patient is better able to do housework. There is a discussion regarding possible aberrant drug-related behavior, and there appears to be none at this time. There was documentation of periodic urine drug screen (UDS), which was performed on October 23, 2014 and November 26, 2014 period in both instances, there were opiates other than the tramadol detected, but this was an expected result as the patient had recent dental work and required additional opiates. While some providers may consider this a violation a narcotic contract, others would consider this non-aberrant behavior. Furthermore, the MTUS states "Many physicians will allow one 'slip' from a medication contract without immediate termination of opioids/controlled substances, with the consequences being a re-discussion of the clinic policy on controlled substances, including the consequences of repeat violations." Given the documentation of benefit in terms of pain and function, the tramadol ER is medically necessary.

**Replacement H-wave machine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), H-Wave <http://www.odg-twc.com/odgtwc/pain.htm#hwavestimulation>

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H wave stimulation Page(s): 117-118.

**Decision rationale:** Regarding the request for H-wave unit, Chronic Pain Medical Treatment Guidelines state that electrotherapy represents the therapeutic use of electricity and is another modality that can be used in the treatment of pain. Guidelines go on to state that H-wave stimulation is not recommended as an isolated intervention, but a one-month home-based trial of H-wave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain, or chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration, and only following failure of initially recommended conservative care, including recommended physical therapy and medications plus transcutaneous electrical nerve stimulation. Within the documentation there is no indication that the patient has undergone a 30 day TENS unit trial as recommended by guidelines. There is no statement indicating how frequently the tens unit was used, and what the outcome of that tens unit trial was for this specific patient. This information is important despite this being a request for a replacement of an H-wave device, as the patient may possibly obtain similar functional gains with traditional TENS therapy. In the absence of such documentation, the currently requested H wave device is not medically necessary.