

<b>Case Number:</b>	CM15-0011477		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	05/12/2004
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	01/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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 60 year old female, who sustained an industrial injury on 5/12/2014. She has reported a head trauma with severe back pain after a fall. She underwent cervical discectomy with instrumentation to C5-C7 on March 20, 2008. The diagnoses have included cervical disk displacement with spondylosis and radiculomyelopathy, active left side C4-5 facet arthritis, foraminal narrowing related to uncovertebral joint and facet arthrosis at C4-5, mild lumbar spondylosis, bilateral shoulder impingement syndrome, and chronic pain disorder. Medical records documented the treatment to date as Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) and medication therapy. Currently, the IW complains of left shoulder pain radiating to cervical spine associated with headaches. Relief with medications was documented. Physical examination from 12/24/14 was significant for tenderness to cervical paraspinal musculature and bilateral trapezius muscles, positive acromioclavicular joint tenderness and positive Neer's, O'Brien's and Hawkin's tests. There was diminished sensation bilaterally C4-C6 distribution. The plan of care included continuation of current medications, request a Magnetic Resonance Imaging (MRI) of the shoulder, and obtain urine toxicology screen. On 1/15/2015 Utilization Review non-certified a urine toxicology screen indicating the documentation did not support the injured worker was high risk for misuse. The Utilization Review modified certification for Ultram (Tramadol HCL) 150mg #68, noting the documentation did not support long term use. The MTUS, ACOEM Guidelines, (or ODG) was cited. On 1/21/2015, the injured worker submitted an application for IMR for review of Ultram (Tramadol HCL) 150mg #90 and urine toxicology screen.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **1 Prescription of Ultram (Tramadol HCL) 150mg #68: Upheld**

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

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

**Decision rationale:** This patient complains of left shoulder pain radiating to cervical spine associated with headaches. The current request is for 1 PRESCRIPTION OF ULTRAM (TRAMADOL HCL) 150MG #68. MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol states: Tramadol 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. For chronic opiate use, the MTUS Guidelines page 88 and 89 state, "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 including analgesia, ADLs, adverse side effects, and adverse behavior. Pain assessment or outcome measures should also be provided which 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. This patient has been utilizing Ultram since at least 3/10/14. In this case, recommendation for further use cannot be supported as there are no discussion regarding aberrant behaviors or CURES report. This patient has had multiple inconsistent UDS and the physician does not address these issues. MTUS requires discussion of possible aberrant behaviors as one of the criteria for opiate management. Furthermore, there are no discussions regarding functional improvement, changes in ADL's, or change in work status to document significant functional improvement. There are no before and after pain scales to denote a decrease in pain with using long term opiate. The treating physician has failed to document the minimal requirements of documentation that are outlined in MTUS for continued opiate use. The requested Ultram IS NOT medically necessary and recommendation is for slow weaning per MTUS.

### **1 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 opiate management Page(s): 77. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Urine drug testing

**Decision rationale:** This patient complains of left shoulder pain radiating to cervical spine associated with headaches. The current request is for 1 URINE DRUG SCREEN. The Utilization review denied the request stating that documentation did not support the injured

worker was high risk for misuse. The MTUS Guidelines page 76, under opiate management: j. "Consider use of urine drug screen test is for the use of presence of illegal drugs." The ODG Guidelines under the pain chapter provides clear recommendation on how frequent urine drug screens should be obtained for various risks of opiate users. ODG recommends 2 to 3 times a year urine screen for inappropriate or unexplained results in moderate risk patients. This patient was administered a UDS on 1/7/14, 3/10/14, 4/15/14 and 5/19/14 and upon reviewing these results there was documented inconsistency in each screening. This patient has had four inconsistent results in the recent past. The treating physician does not address these inconsistent results. Without the treater's discussion regarding the UDS findings and chronic opiate risk assessment, such frequent testings are not necessary. Two to three UDS per year should be sufficient to manage the patient's opiate use in most cases, per ODG guidelines. The ODG does state, "Patients at 'high risk' of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders. The treating physician does not document that the patient is at high risk with an active substance abuse disorder. This request IS NOT medically necessary.

**1 Prescription of Topical Compound Cyclobenzaprine 10%, Tramadol 10% 1mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

**Decision rationale:** This patient complains of left shoulder pain radiating to cervical spine associated with headaches. The current request is for 1 PRESCRIPTION OF TOPICAL COMPOUND CYCLOBENZAPRINE 10%, TRAMADOL 10% 1MG. The MTUS Guidelines p 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." In this case, Cyclobenzaprine is a muscle relaxant and is not recommended for any topical formulation. Furthermore, Tramadol has not been tested for transdermal use. This topical compound medication IS NOT medically necessary.

**1 Prescription of Topical Compound Cyclobenzaprine 10%, Tramadol 10% 1mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

**Decision rationale:** This patient complains of left shoulder pain radiating to cervical spine associated with headaches. The current request is for 1 PRESCRIPTION OF TOPICAL COMPOUND CYCLOBENZAPRINE 10%, TRAMADOL 10% 1MG. This appears to be a duplicate request. The MTUS Guidelines p 111 has the following regarding topical creams,

"topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." In this case, Cyclobenzaprine is a muscle relaxant and is not recommended for any topical formulation. Furthermore, Tramadol has not been tested for transdermal use. This topical compound medication IS NOT medically necessary.