

<b>Case Number:</b>	CM15-0014359		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	03/15/2013
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/26/2015

### 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: Georgia, California, Texas

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 3/15/13. On 1/26/15, the injured worker submitted an application for IMR for review of One prescription of Hydrocodone 10/325 mg # 60, and One prescription of Tramadol 150 mg #60. The treating provider has reported the injured worker complained of neck, right upper extremity pain and right lower extremity (knee) pain worsening with instability and near falls. The diagnoses have included cervical strain/sprain, right shoulder subacromial bursitis and impingement, right knee status post patellar fracture with residual osteoarthopathy. Treatment to date has included chiropractic therapy, acupuncture., extracorporeal shockwave therapy, orthopedic evaluation for right knee, Orthovisc right knee x3 injections, TENS unit. On 1/14/15 Utilization Review non-certified One prescription of Hydrocodone 10/325 mg # 60 to #45 for weaning purposes and One prescription of Tramadol 150 mg #60 was CERTIFIED. The MTUS Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One prescription of Tramadol 150 mg #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids for chronic pain Page(s): 78-81 of 127.

**Decision rationale:** MTUS states that opioid therapy Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. MTUS states monitoring of the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors) over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of controlled drugs. Claimant has been receiving tramadol ER on a long-term basis, with documented symptomatic and functional response and lack of significant documented medication side effects or aberrant behaviors. Per treating physician, use of tramadol ER has allowed her to limit use of short-term opioid use for breakthrough pain. The 4 A's appear to be met, and the requested tramadol ER is consistent with MTUS recommendations.

**One prescription of Hydrocodone 10/325 mg # 60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids for chronic pain Page(s): 78-81 of 127.

**Decision rationale:** MTUS supports use of a short-acting opioid for treatment of episodes of breakthrough pain, for patients who are receiving extended-release opioids. The treating physician has documented reduction of hydrocodone use from 5 or more per day to 2 per day in combination with tramadol ER. No evidence of aberrant behavior or significant medication side effects is documented. Continuation of hydrocodone/APAP twice daily for treatment of breakthrough pain is consistent with MTUS recommendations.

**One urine drug screen:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Urine Drug Testing (UDT)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43 of 127. Decision based on Non-MTUS Citation ODG Pain Chapter, Urine Drug Testing (UDT)

**Decision rationale:** MTUS recommends urine drug testing for patients receiving opioids for chronic pain, but is silent concerning frequency of testing. ODG recommends annual drug screens for patients determined to be at low risk. No recent urine drug screen is documented in this case. Due to ongoing use of opioids, the requested urine drug screen is reasonable and medically necessary, and is consistent with evidence-based treatment guidelines.

