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| <b>Case Number:</b>   | CM15-0015676 |                              |            |
| <b>Date Assigned:</b> | 02/03/2015   | <b>Date of Injury:</b>       | 03/17/2009 |
| <b>Decision Date:</b> | 03/27/2015   | <b>UR Denial Date:</b>       | 01/14/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/27/2015 |

### 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 64 year old male, who sustained an industrial injury on 3/17/2009. The diagnoses have included tennis elbow, shoulder bursitis, and lumbar degenerative joint disease. Treatment to date has included surgical and conservative measures. On 12/14/2014, the injured worker received an injection of the right sacroiliac joint, right piriformis muscle, right trochanteric bursa under fluoroscopic guidance. Currently, the injured worker complains of ongoing constant back pain 8/10, right shoulder pain 9/10, and left shoulder pain 6/10. Pain at best was 4/10 with medications and 10/10 without. He was trying to wean down on narcotic dependence. Medications included Tramadol ER at night, Norco for breakthrough pain, Lyrica for neuropathic pain, and Zanaflex for muscle spasms. Physical exam noted rigidity with palpation in the lumbar trunk and some limited range to the back. His right shoulder was tender over the subacromions and range of motion was limited with positive impingement sign. His left shoulder showed full range of motion with mild crepitus. The progress note, dated 6/30/2014, noted the use of Tramadol ER 200mg and Norco 10/325mg. On 1/14/2015, Utilization Review non-certified a prescription request for Tramadol ER 200mg #30, noting the lack of compliance with MTUS Chronic Pain Medical Treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol ER 200mg #30:** 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:** The patient presents with pain in his shoulder, right elbow, lower back and bilateral knees. The request is for TRAMADOL ER 200MG #30. The patient is currently taking Norco, Tramadol, Ambien, Lyrica, Zanaflex, Senokot, Colace and Amitiza, The patient has been utilizing Tramadol since at least 06/30/14. The patient is currently not working. Per 12/29/14 progress report, the patient reports 50% reduction in his pain, 50% functional improvement with activities of daily living with medications versus not taking them at all. He rates his right shoulder pain a 9/10, left shoulder pain a 6/10, back pain a 8/10, at best a 4/10 with medications and a 10/10 without them. He is under a narcotic contract with our office. Urine drug screens have been appropriate. MTUS Guidelines pages 88 and 89 states, 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 4 A's, analgesia, ADLs, adverse side effects, and adverse behavior, as well as pain assessment or outcome measures that 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. Although the treater discusses analgesia and aberrant behavior/side-effects, not all 4 A's are addressed as required by MTUS guidelines. The treater provides a general statement indicating that the patient reports 50% reduction in his pain, 50% functional improvement with activities of daily living with medications versus not taking them at all. However, no specific ADL changes are noted showing significant functional improvement. In this case, the treater mentions that the patient has appropriate drug screen results and has a narcotic contract for opiate monitoring on file. No outcome measures are provided as required by MTUS. General statements showing that the requirements are met are inadequate. Therefore, the request IS NOT medically necessary, and the patient should slowly be weaned as outlined in MTUS guidelines.