

<b>Case Number:</b>	CM15-0111508		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	03/13/2001
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	05/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 49-year-old female, who sustained an industrial injury on 3/13/2001. The mechanism of injury was not noted. The injured worker was diagnosed as having herniated disc lumbosacral spine, lumbar radiculopathy, cervical discopathy with disc displacement, status post cervical fusion, cervical radiculopathy, bilateral shoulder impingement syndrome, and left knee internal derangement. Treatment to date has included diagnostics, cervical spinal surgery, and medications. Currently (3/26/2015), the injured worker complains of low back pain, with radiation down both legs, associated with numbness and tingling. She also reported left shoulder pain with referred pain into the left upper trapezius muscles, residual neck pain (status post cervical fusion), and left knee pain. Pain was not rated and she was instructed to continue medications. She was last provided Ultram and Norco on 2/23/2015. The use of Norco and Ultram was noted since at least 10/2014. Her work status was permanent and stationary. Urine toxicology (12/23/2014) was inconsistent with prescribed medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg tabs #120 1 tab po q4h prn pain 30 day fill; 0 refill: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325mg #120 PO Q4 hours as needed 30-day fill; no refills is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are herniated disc lumbosacral spine; lumbar radiculopathy; cervical discopathy with disk displacement; status post cervical fusion; cervical radiculopathy; bilateral shoulder impingement syndrome; and let the internal derangement. The date of injury is March 13, 2001. The earliest progress note in the medical record is dated November 20, 2014. The injured worker was taking tramadol ER 150 mg, Fexmid (Flexeril) 7.5 mg, Norco 10/325mg, Nalfon and topical analgesics. The documentation does not contain pain scales. A urine drug screen performed December 23, 2014 was inconsistent for Norco. Norco did not appear in the urine drug screen. There was no clinical discussion by the treating provider. On February 23, 2015, tramadol ER was changed to tramadol 50 mg. There was no clinical rationale for the change. The most recent progress note is dated March 23, 2015. The request for authorization was dated April 30, 2015. There was no contemporaneous clinical documentation on or about the date of request for authorization. On March 23, 2015, the injured worker complained of low back pain that radiated down the bilateral legs with numbness and tingling. There were no pain scores present. Objectively, there is tenderness palpation in the cervical paraspinal and lumbar paraspinal muscle groups. The shoulder is tender to palpation. There are no risk assessments in the medical record. There are no detailed pain assessments in the medical record. There is no documentation demonstrating objective functional improvement. There is no attempt at weaning opiates in the medical record. Consequently, absent contemporary clinical documentation on or about the date of request for authorization with objective functional improvement, an inconsistent urine drug screen December 2014 that was negative for Norco 10/325 mg, risk assessments, detailed pain assessments, and attempted weaning, Norco 10/325mg #120 PO Q4 hours as needed 30-day fill; no refills is not medically necessary.

**Ultram 50 mg tabs #90 1 tab po tid pain 30 day fill; 0 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Ultram 50mg # 90 one tablet PO TID for pain 30 day fill; no refills is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are herniated disc lumbosacral spine; lumbar radiculopathy; cervical discopathy with disk displacement; status post cervical fusion; cervical radiculopathy; bilateral shoulder impingement syndrome; and let the internal derangement. The date of injury is March 13, 2001. The earliest progress note in the medical record is dated November 20, 2014. The injured worker was taking tramadol ER 150 mg, Fexmid (Flexeril) 7.5 mg, Norco 10/325mg, Nalfon and topical analgesics. The documentation does not contain pain scales. A urine drug screen performed December 23, 2014 was inconsistent for Norco. Norco did not appear in the urine drug screen. There was no clinical discussion by the treating provider. On February 23, 2015, tramadol ER was changed to tramadol 50 mg. There was no clinical rationale for the change. The most recent progress note is dated March 23, 2015. The request for authorization was dated April 30, 2015. There was no contemporaneous clinical documentation on or about the date of request for authorization. On March 23, 2015, the injured worker complained of low back pain that radiated down the bilateral legs with numbness and tingling. There were no pain scores present. Objectively, there is tenderness palpation in the cervical paraspinal and lumbar paraspinal muscle groups. The shoulder is tender to palpation. There are no risk assessments in the medical record. There are no detailed pain assessments in the medical record. There is no documentation demonstrating objective functional improvement. There is no attempt at weaning Ultram in the medical record. Consequently, absent contemporary clinical documentation on or about the date of request for authorization with objective functional improvement, an inconsistent urine drug screen December 2014 that was negative for Norco, risk assessments, detailed pain assessments, and attempted opiate weaning, Ultram 50mg # 90 one tablet PO TID for pain 30 day fill; no refills is not medically necessary.