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| <b>Case Number:</b>   | CM15-0113898 |                              |            |
| <b>Date Assigned:</b> | 06/22/2015   | <b>Date of Injury:</b>       | 07/24/2013 |
| <b>Decision Date:</b> | 07/21/2015   | <b>UR Denial Date:</b>       | 05/28/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/12/2015 |

### 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: 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 (IW) is a 69 year old female who sustained an industrial injury on 07/24/2013. She reported pain at the base of the neck and in the area of the left shoulder associated with heavy lifting, pushing and pulling in the course of her work. The injured worker was diagnosed as having impingement syndrome on the left shoulder, discogenic cervical condition with numbness and tingling along the C6-C7 and C7-T-1 distribution, hip joint inflammation on the left with MRI abnormalities along the hip noted and the labrum; discogenic lumbar condition and chronic pain related to depression, sleep, and stress. Treatment to date has included medications, MRI, and physical therapy. Currently, the injured worker complains of low back pain with pain shooting down the left lower extremity reaching the calf. She has pain in her left groin that is especially noted in the morning and intensifies with activity. She requires assistance to get out of bed. Grind test is negative; she has groin tenderness along the left side. Motion of the back is 40 degrees flexion and 20 degrees extension. Hip flexion has 25 degrees of internal rotation and increases with groin pain on the left. Impingement sign is equivocal on the left shoulder. Abduction is no greater than 125 degrees. She has tenderness on the left rotator cuff. The IW tolerated Norco well and gets at least 50% reduction in her pain with it. The treatment plan is for Norco for pain, decreasing the IW's Ativan, Naproxen, and Protonix. Authorization for a MRI of the left shoulder and nerve studies of the upper and lower extremities has been requested. An injection of the left hip is awaiting clarification of the coverage of the hip. A transcutaneous electrical nerve stimulation (TENS) unit garment and several medications

(Neurontin and Norflex are awaiting approval. Requests for authorization are made for the following: 1. Norco 5mg #100; 2. Ativan 1mg #40 and 3. Tramadol ER 150mg #30.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Norco 5mg #100:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Weaning of Medications Section Page(s): 74-95, 124.

**Decision rationale:** The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker has been taking Norco for chronic pain without objective documentation of functional improvement or significant decrease in pain. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Norco 5mg #100 is not medically necessary.

**Ativan 1mg #40:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Section Page(s): 24.

**Decision rationale:** The MTUS Guidelines do not support the use of benzodiazepines for long-term use, generally no longer than 4 weeks, and state that a more appropriate treatment would be an antidepressant. The injured worker is using Ativan in a chronic nature to aid with sleep. The request for Ativan 1mg #40 is not medically necessary.

**Tramadol ER 150mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section, Weaning of Medications Section Page(s): 74-95, 124.

**Decision rationale:** Tramadol is a central acting synthetic opioid that exhibits opioid activity with a mechanism of action that inhibits the reuptake of serotonin and norepinephrine with side effects similar to traditional opioids. The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker is taking Ultram for chronic pain without documentation of sustained functional benefits or decrease in pain. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdraw symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Tramadol ER 150mg #30 is not medically necessary.