

<b>Case Number:</b>	CM15-0119224		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	03/13/2012
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	05/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 43-year-old male, who sustained an industrial injury on 3/13/2012. The medical records did not include the details regarding the initial injury. Diagnoses include cervical disc protrusion, left shoulder labral tear; Status post left shoulder surgery in 2013, rule out lumbar disc injury, possible TMJ and chest wall pain. Treatments to date include NSAID, narcotic, muscle relaxer, physical therapy, home exercise. Currently, he complained of neck pain, bilateral shoulder pain and chest wall pain. Medication was noted to decreased pain and increase function with improved activities of daily life. There was documented of the use of hydrocodone for break through pain decreased use consumption of duloxetine. On 4/7/15, the physical examination documented multiple areas of tenderness with palpation. There was a positive left shoulder impingement sign and decreased shoulder range of motion. The straight leg raise test was positive in the left lower extremity. The plan of care included Hydrocodone 10/325mg twice a day #60; and Tramadol ER 150mg one tablet twice a day #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 10/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 92-93.

**Decision rationale:** Hydrocodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Hydrocodonein combination with NSAIDS and Tramadol. The Tramadol and NSAID use had a combined 8-point reduction in pain indicating there should be no pain and no need for Norco. In addition, no one opioid is superior to another. The request for continued Hydrocodone use is not medically necessary.

**Tramadol ER 150mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 84.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 92-93.

**Decision rationale:** Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic, medication options (such as acetaminophen or NSAIDs), and when there is evidence of moderate to severe pain. Although it may be a good choice in those with pain, Tramadol and NSAID use had a combined 8-point reduction in pain indicating there should be no pain. The claimant still required Norco as well. Failure of Tylenol was not noted Long-term use of Tramadol as in this case is not recommended. Continued Tramadol ER at the maximum dose allowable is not medically necessary.