

<b>Case Number:</b>	CM15-0170147		
<b>Date Assigned:</b>	09/10/2015	<b>Date of Injury:</b>	06/10/2010
<b>Decision Date:</b>	10/09/2015	<b>UR Denial Date:</b>	07/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2015

### 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:

This injured worker is a 67-year-old male who reported an industrial injury on 6-10-2010. His diagnoses, and or impression, were noted to include cervical and lumbar spine degenerative disc disease, rule-out radicular symptoms; lumbar radiculopathy; anxiety; and gastrointestinal upset. No current imaging studies were noted. His treatments were noted to include: magnetic resonance imaging studies of the cervical spine (5-24-13); physical therapy (March, 2013); pain management consultation for medication management (4-2-15); medication management with toxicology studies; and a return to modified duties (Jan, 2015), but had not worked since June, 2010, and it was noted that he was retired. The pain management progress notes of 7-22-2015 reported complaints of unchanged pain which included: occasional, moderate radiating neck pain and numbness, down the right upper extremity, associated with bilateral frontal headaches, and aggravated by activity; severe difficulty sleeping; constant, moderate-severe, radiating low back pain and numbness, down the right lower extremity, associated with bowel dysfunction - constipation, and aggravated by activity; that his pain was improved with taking medications; ongoing limitations with his activities of daily living due to pain; and he reported gastrointestinal upset, moderate nausea, and moderate constipation. Objective findings were noted to include: that he appeared to be in slight-moderate distress; with an antalgic gait; tenderness in the lumbosacral vertebral area with moderately limited lumbar range-of-motion secondary to pain; a significant increase with lumbar flexion and extension; decreased sensation in the lumbosacral dermatomes of the right lower extremity; and Jamar Hand Dynamometer grip strength values of the right upper extremity. The physician also noted that there were no inconsistencies in his

toxicology screenings, that the injured worker needed his current medications continued as prescribed for continuity of care, that he had been on a stable dose of opioid medications for over 3 years, and that was awaiting lumbar spine surgery. The physician's requests for treatments were noted to include the continuation of Tramadol 50 mg twice a day, as needed, #60 with 1 refill, and Omeprazole DR 20 mg twice a day with 1 refill, and Hydrocodone 10-325 mg twice a day, as needed, #60 with 1 refill. Also noted, under the list of his current medications, were duplicate medications, which had been prescribed by a different Doctor, these included Hydrocodone-APAP 10-325 mg and Omeprazole 20 mg. The Utilization Review of 7-31-2015 modified the request for Tramadol, Omeprazole and Hydrocodone.

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

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

**Tramadol 50mg BID #60 with 1 refill: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**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. In this case, the injured worker has been prescribed Tramadol for an extended period but continues to report severe pain and problems with activities of daily living. Additionally, there is evidence of inconsistent urine drug screens and this medication was recommended for weaning in a July, 2015 review. 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 Tramadol 50mg BID #60 with 1 refill is determined to not be medically necessary.

**Omeprazole DR 20mg BID #60 with 1 refill: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** Proton pump inhibitors, such as Omeprazole are recommended by the MTUS Guidelines when using NSAIDs if there is a risk for gastrointestinal events. There is no indication that the injured worker has had a gastrointestinal event or is at increased risk of a gastrointestinal event, which may necessitate the use of Omeprazole when using NSAIDs. Additionally, there is no indication that the injured worker is prescribed NSAIDs. This request is not medically necessary.

**Hydrocodone 10/325mg BID #60 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**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. In this case, the injured worker has been prescribed Hydrocodone for an extended period but continues to report severe pain and problems with activities of daily living. Additionally, there is evidence of inconsistent urine drug screens and this medication was recommended for weaning in a July, 2015 review. 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 Hydrocodone 10/325mg BID #60 with 1 refill is determined to not be medically necessary.