

<b>Case Number:</b>	CM15-0177152		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	08/04/2011
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	08/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2015

### 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: New York, California  
 Certification(s)/Specialty: Emergency 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 55 year old male who reported an industrial injury on 8-4-2011. His diagnoses, and or impressions, were noted to include: cervical radiculopathy; lumbar radiculopathy with facet arthropathy. Current magnetic imaging studies of the lumbar spine were done on 3-16/2015, noting abnormal findings. His treatments were noted to include: an agreed panel qualified medical evaluation and comprehensive medical evaluation on 6-11-2014; magnetic resonance imaging studies of the cervical spine (5-1-2013); electrodiagnostic studies on 6-11-2014; bilateral Cervico-thoracic epidural space with infusion port and infusion on 2-20-2015; a home exercise program; medication management with toxicology studies; and rest from work. The progress notes of 7-27-2015 reported a follow-up visit for worsening neck pain, that radiated down the bilateral upper extremities, with frequent tingling and muscle weakness, that was aggravated by movements and activities; and worsening low back pain with frequent muscle spasms and muscle weakness, that radiated down the bilateral lower extremities, and aggravated by activities; that her pain rated 8 out of 10 without medications, was improved to 5 out of 10 with medications; and of ongoing limitations in her activities of daily living and sleep. Objective findings were noted to include: moderate distress; an antalgic gait with use of cane; tenderness over the bilateral cervical and trapezius muscles, with painful and limited cervical range-of-motion and decreased strength; tenderness and spasms over the lumbosacral vertebral area with decreased lumbar range-of-motion due to pain; a 50-80% overall improvement post the 2-20-2015 cervico-thoracic epidural steroid injections, x 3 months ; and that his medication dosages provide relief which lasts 4-6 hours with a 70% improvement, functional improvement, and

quality of life, and that he wished to continue medication therapy for his severe pain which he was being made to pay for out-of-pocket. Treatments provided at that appointment were noted as trigger point injections for persistent trigger points identified on physical exam. The physicians request for treatments was noted to include: "Norco: decrease dosage to 1 po q 6 hrs prn pain #110. Attempting to wean lower but difficult due to prolonged usage.", Norco 10-325 mg, 1 by mouth every 6 hours as needed for pain, #110; and Ultram ER 200 mg, 1 by mouth daily for pain, #30. The history noted requests for Ultram ER 200 mg #30, and Norco 10-325 mg #150 back in February 2015, along with requests for both medications, with the fluctuation of the quantities, noted in March and April 2015. The Request for Authorization, dated 8-3-2015, was noted to include for Ultram ER 200 mg every day #30, and Norco 10-325 mg 1 every 6 hours #110. The Utilization Review of 8-11-2015 modified the request for Norco 10-325 mg #30; and non-certified the request for Ultram ER 200 mg #30, a urine drug screen, and 3 trigger point injections.

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

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

**Norco 10/325mg #110:** 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, Opioids, specific drug list.

**Decision rationale:** CA MTUS, chronic pain guidelines, offer very specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. These recommendations state that the lowest possible dose be used as well as "ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects." It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. The included documentation fails to include the above-recommended documentation. The IW has been taking this medication for a minimum of 10 months. The documentation does not detail IW response to this medication. There is no documentation to support functional improvement with this medication. There is a toxicology report included in the record. The results are not consistent with prescribed medication, but also not discussed with the prescribing practitioner. In addition, the request does not include dosing frequency or duration. The request for Norco analgesia is not medically necessary.

**Ultram ER 200mg #30:** 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, Opioids for neuropathic pain.

**Decision rationale:** CA MTUS, chronic pain guidelines, offer very specific guidelines for the ongoing use of opiate pain medication to treat chronic pain. These recommendations state that the lowest possible dose be used as well as "ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects." It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. Tramadol is recommended for the treatment of moderate to severe pain. It is not recommended as a first line agent for treatment. The injured worker has been taking this as well as other narcotic pain medication for a minimum of 10 months. The chart materials do not include the IW's response to each medication currently prescribed. There is not discussion of the IW functional status in relation to the different medications. The chart does include a urine drug screen with unexpected results. These inconsistencies are not discussed in the documentation. Additionally, the request does not include frequency and dosing of the requested medication. Without the support of the documentation or adherence to the guideline, the request for Tramadol is not medically necessary.

**1 Urine drug screen:** 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, criteria for use, Opioids, steps to avoid misuse/addiction.

**Decision rationale:** CA MTUS recommends drug testing as an option to "assess for the use or the presence of illegal drugs." Additional recommendations random drug testing, not at office visits. There are results from two urine drug screens discussed in the record. Both of these screens produced results inconsistent with the prescribed medications. The provider does not discuss the discrepancy; there are no consequences and no change in prescribing practice. In addition, the request for a UA drug screen does not specify what specifically is being tested. The specific content of the test should be listed, as many drug tests do not assay the correct drugs. The urine drug screen is not medically necessary based on lack of a clear collection and testing protocol, lack of details regarding the testing content and protocol, and lack of a current opioid therapy program, which is in accordance with the MTUS. The request for a urine drug screen is not medically necessary.

**3 trigger point injections:** 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): Trigger point injections.

**Decision rationale:** The MTUS provides specific direction for the indications and performance of trigger point injections (TPI). TPI is recommended only for "myofascial pain syndrome", as defined in the MTUS. TPI is not indicated for "typical" or non-specific neck and back pain. This injured worker does not have myofascial pain syndrome, per the available reports. Trigger points are focal areas of tenderness that produce a local twitch in response to stimulus to the area. The MTUS recommends specific content of the injectate, and the content of the injectate in this case has not been discussed. The current prescription is for 3 trigger point injections. Trigger point injections are not medically necessary based on the MTUS recommendations, including lack of diagnosis of myofascial pain syndrome, unspecified injectate, and an unspecified location. Without this supporting documentation, the request is not medically necessary.