

Case Number:	CM15-0178541		
Date Assigned:	09/18/2015	Date of Injury:	02/11/2003
Decision Date:	10/27/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	09/10/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 2-11-2003. The injured worker was diagnosed as having cervical spondylosis and degenerative disc disease, lumbar spondylosis and degenerative disc disease, bilateral shoulder pain and rotator cuff injuries, right frozen shoulder, and chipped teeth. Treatment to date has included diagnostics, unspecified right shoulder surgeries, epidural steroid injections, and medications. The use of Norco (4 times per day), Tramadol (4 times per day), Neurontin (4 times per day), and Zanaflex (3 times per day) was noted per the progress report 2-17-2015, at which time Zanaflex was discontinued and she was placed on Soma. The progress report dated 5-19-2015 referenced a discussion regarding urine toxicology (not submitted), noting that she was counseled on her alcoholic beverage consumption, and pain management contract was reiterated. Currently (7-21-2015), the injured worker reports "great benefits from the recent left L5-S1 and S1 transforminal epidural steroid injections" and her low back pain was "greatly improved". The cervical epidural injections in March "greatly helped with the neck pain, and also with her daily migraine headaches". She continued to have right shoulder pain and "medications are stable". She was "doing better all in all". Physical exam noted tenderness in the upper back and posterior neck region, "but improved from before". Range of motion in the neck "has improved". There was tenderness in the periscapular region bilaterally, but more on the right, and range of motion in the right shoulder was "greatly reduced". There was tenderness in the lower back, "decreased" range of motion in posterior extension and forward flexion, sensory in the left posterolateral thigh and leg, and decreased deep tendon reflexes in both knees and ankles. A chipped tooth and

lost filling were noted and attributed to grinding and dry mouth. Her medication use included Norco (4 times per day), Tramadol (4 times per day), Neurontin (4 times per day), and Soma (1-2 times per day). She reported an approximate 30% reduction in pain levels with prescribed medications. Functional benefits included assistance with activities of daily living, mobility, and restorative sleep. She was seeing her primary care physician with respect to her "emotional-psychological issues" and was also prescribed Paxil and Elavil. Her disability status remained "unchanged". The treatment plan included continued medications, including Norco 10-325mg #120, Tramadol 50mg #120, and Neurontin 300mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: 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.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the "4 A's" (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs". Per the medical records submitted for review, the injured worker reported 30% pain relief with her prescribed medications. She reported functional benefit with activities of daily living, mobility, and restorative sleep. However, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. Absent documentation assuring appropriate usage, therefore the request is not medically necessary and cannot be affirmed.

Tramadol 50mg #120: 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.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "Four domains have been proposed as most relevant for ongoing

monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the "4 A's" (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs". Per the medical records submitted for review, the injured worker reported 30% pain relief with her prescribed medications. She reported functional benefit with activities of daily living, mobility, and restorative sleep. However, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. Absent documentation assuring appropriate usage, therefore the request is not medically necessary and cannot be affirmed.