

<b>Case Number:</b>	CM15-0061586		
<b>Date Assigned:</b>	04/07/2015	<b>Date of Injury:</b>	02/01/2012
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	03/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 is a 56 year old female, who sustained an industrial injury on February 1, 2012. The injured worker was diagnosed as having brachial neuritis, or radiculitis, cervicgia, cervicobrachial syndrome, enthesopathy site not otherwise specified and pain in joint of shoulder. Treatment and diagnostic studies to date have included nerve blocks, Transcutaneous Electrical Nerve Stimulation (TENS) unit, physical therapy and medication. A progress note dated March 18, 2015 provides the injured worker complains of neck and left arm pain and now right arm pain related to overuse. She rates her pain as 7/10 without medication and 5/10 with medication. She reports being able to do laundry, clean her bathroom and shower due to use of medications. She recently has undergone surgery and treatment for cancer. Electromyogram, nerve conduction study and magnetic resonance imaging (MRI) were reviewed. Physical exam notes cervical tenderness spasm and decreased range of motion (ROM). There is decreased sensation in left upper extremity. The plan includes medication, physical therapy, Transcutaneous Electrical Nerve Stimulation (TENS) unit and follow-up.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRAMADOL ER 100MG X 30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Opiates.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tramadol ER100mg #30 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are brachial neuritis or radiculitis not otherwise specified; cervicgia; carvicalbrachial syndrome; enthesopathy site not otherwise specified; and pain in joint of shoulder. Documentation, according to a QME dated February 1, 2012, showed Ultram was first prescribed April 30, 2014. The documentation did not contain evidence of objective functional improvement with the ongoing use of Ultram. Additionally, the injured worker did not return to work. In the utilization review dated February 13, 2015, the injured worker received a prescription for tramadol ER 100 mg for weaning. There was no attempt to wean the injured worker based on the subsequent request for Ultram. Consequently, absent compelling clinical documentation with objective functional improvement associated with nonworking status, no pain assessment or detailed risk assessment, Tramadol ER 100 mg #30 is not medically necessary.

**NORCO 10/325MG X 120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Opiates.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg #120 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with

evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are brachial neuritis or radiculitis not otherwise specified; cervicalgia; carvicalbrachial syndrome; enthesopathy site not otherwise specified; and pain in joint of shoulder. The documentation in the medical record indicates Norco was first prescribed on September 3, 2014. There is no documentation of ongoing objective functional improvement and the injured worker has remained out of work. There are no risk assessments in the medical record. There are no pain assessments in the medical record. According to utilization review on February 13, 2015, Norco 10/325 mg certified for weaning. A subsequent request for Norco 10/325 #90 reflected the treating physician did not attempt to start weaning the injured worker. Consequently, absent compelling clinical documentation with objective functional improvement, return to work, and absent pain and detailed risk assessment, Norco 10/325 mg #120 is not medically necessary.

**TROKENDI XR 100MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate Page(s): 16-18. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topiramate.

**Decision rationale:** Pursuant to the Official Disability Guidelines, Trokendi XR 100 mg is not medically necessary. Anti-epilepsy drugs are recommended for neuropathic pain but not for acute somatic pain. Topamax has been shown to have variable efficacy with failure to demonstrate efficacy in neuropathic pain of central etiology. It is considered for use when other anticonvulsants have failed. See the guidelines for additional details. In this case, the injured worker's working diagnoses are brachial neuritis or radiculitis not otherwise specified; cervicalgia; carvicalbrachial syndrome; enthesopathy site not otherwise specified; and pain in joint of shoulder. The documentation in the medical record shows the treating physician discontinued gabapentin (trembling lips) and started Trokendi XR on February 9, 2015. The treating physician prescribed Trokendi XR 50 mg tablets at bedtime. The injured worker states there is a 15% improvement in her upper extremity pain. The worker is also sleeping better and denies any daytime sedation. The injured worker reports a 7/10 VAS pain scale without medication and 5/10 with medication. In a subsequent review dated March 20, 2015 there was no documentation containing evidence of objective functional improvement with ongoing Trokendi XR. Consequently, absent compelling clinical documentation with objective functional improvement associated with ongoing Trokendi XR to gauge its ongoing efficacy, Trokendi XR 100 mg is not medically necessary.