

<b>Case Number:</b>	CM15-0068794		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	01/04/2002
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	03/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2015

### 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: Texas, Florida

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 47 year old male, who sustained an industrial injury on 01/04/2002. He has reported injury to the bilateral wrists, low back, bilateral knees, and bilateral feet. The diagnoses have included bilateral carpal tunnel syndrome; discogenic lumbar condition; bilateral internal derangement of the knees, and bilateral plantar fasciitis. There are associated diagnoses of depression, anxiety, insomnia and stress disorder. Treatment to date has included medications, injections and chiropractic therapy. Medications have included Tramadol, Norco, Flexeril, LidoPro lotion and gabapentin. A progress note from the treating physician, dated 03/13/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of persistent wrist pain with numbness and tingling; pain along the back with muscle spasms; pain in the bilateral knees; and pain in the bottom of the feet with numbness and tingling and burning sensation. Objective findings included tenderness across the lumbar paraspinal muscles bilaterally; pain along facets and pain with facet loading; and gait is slightly antalgic and wide-based. The treatment plan has included the request for Tramadol 150 mg #30; and Norco 10/325 #160.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 150mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram; Ultram ER; generic available in immediate release tablet) Page(s): 78, 93-94, 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111, 113, 119. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the short term treatment of exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of opioids can be associated with the development of tolerance, dependency, sedation, addiction and adverse interaction with other sedatives. The records indicate that the patient had utilized opioids for many years. There is no documentation of guidelines required compliance monitoring of serial UDS, absence of aberrant behavior, CURES data report and functional restoration. The patient is utilizing other sedative medications concurrently. The criteria for the use of Tramadol 150mg #30 was not met. Therefore the request is not medically necessary.

**Norco 10/325 #160:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen Page(s): 91, 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 76-95, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the short term treatment of exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of opioids can be associated with the development of tolerance, dependency, sedation, addiction and adverse interaction with other sedatives. The records indicate that the patient had utilized opioids for many years. There is no documentation of guidelines required compliance monitoring of serial UDS, absence of aberrant behavior, CURES data report and functional restoration. The patient is utilizing multiple opioids and other sedative medications concurrently. The criteria for the use of Hydrocodone/APAP 10/325mg #160 was not met. Therefore the request is not medically necessary.