

<b>Case Number:</b>	CM15-0078036		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	12/26/2005
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2015

### 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, California  
Certification(s)/Specialty: Family Practice

### 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 is a 50-year-old female patient, who sustained an industrial injury on December 26, 2005. The diagnoses include chronic left shoulder pain rule out internal derangement, right shoulder tenosynovitis of the biceps tendon, and chronic low back pain. She sustained the injury due to slipping on a wet floor. Per the doctor's note, dated April 1, 2015 she had complains of ongoing bilateral shoulder pain, greater on the left than the right. Currently her pain level for the right shoulder is 1/10 and the left shoulder is 3/10. Her pain level before medication is 7/10 and after medication, it is 2/10. The use of her medications results in her being able to work full time, walk for 30 minutes twice a week, perform gym exercises three times a week, and perform household chores such as cleaning, cooking, and laundering. She is not experiencing side effects from her medications. The treating provider noted that a signed pain agreement is on file, she has not asked for early refills, and the urine drug screen from October 31, 2014 was consistent with her medication. The physical exam revealed anterior left shoulder and right posterior shoulder tenderness, normal right shoulder decreased range of motion, and decreased and painful left shoulder range of motion. The medications list includes gabapentin, norco and tramadol. She has had multiple diagnostic studies including MRI right shoulder dated 10/29/2014, MRI left shoulder dated 9/19/2014 and X-rays. She has had physical therapy for this injury. She has had urine drug screen on 10/31/2014 with consistent results.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg #90: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page 75, Central acting analgesics Page 82, Opioids for neuropathic pain.

**Decision rationale:** Request: Tramadol 50mg #90. Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines "Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and nor epinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. (Kumar, 2003)." Cited guidelines also state that, "A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain." Tramadol use is recommended for treatment of episodic exacerbations of severe pain. Per the records provided she had bilateral shoulder pain. She is noted to have significant objective evidence of abnormalities on physical exam-tenderness and decreased range of motion. She has also had diagnostic studies with abnormal findings. There is objective evidence of conditions that can cause chronic pain with episodic exacerbations. The request for Tramadol 50mg #90 is medically appropriate and necessary to use as prn during acute exacerbations.

**Norco 10/325mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-80.

**Decision rationale:** Request: Norco 10/325mg #30 Norco contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to the cited guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. Patient is also on Tramadol. Response to lower potency opioids like Tramadol without Norco for chronic pain is not specified in the records provided. This patient does not meet criteria for ongoing

continued use of opioids analgesic. Norco 10/325mg, #30 is not medically necessary for this patient.