

<b>Case Number:</b>	CM15-0090018		
<b>Date Assigned:</b>	05/14/2015	<b>Date of Injury:</b>	05/06/2014
<b>Decision Date:</b>	06/29/2015	<b>UR Denial Date:</b>	05/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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:

The injured worker is a 48-year-old female, who sustained an industrial/work injury on 5/6/14. She reported initial complaints of right ankle/heel pain with fracture. The injured worker was diagnosed as having comminuted right calcaneus fracture, depression, widening posterior subtalar joint, anterior, and chronic deformity of first metatarsal related to fracture, mild superimposed degenerative joint disease. Treatment to date has included medication, diagnostic studies, and transcutaneous electrical nerve stimulation (TENS) unit. CT scan results were reported on 11/3/14 that reported persistent healing of an anterior calcaneal fracture, increase of patchy osteopenia likely secondary to disuse. X-Rays results were reported on 11/3/14 that noted no evidence of acute fracture (healing fracture). Currently, the injured worker complains of right ankle/heel pain rated 6/10. The injured worker wishes to proceed with cortisone injection. Per the primary physician's progress report (PR-2) on 3/7/15, examination revealed a healing comminuted right calcaneus fracture, depression, mild widening of the posterior subtalar joint and a necrotic deformity of the first metatarsal related to a fracture, and also superimposed mild degenerative joint disease. Range of motion was improved, slight antalgic gait, decreased spasm in the calf muscle. Current plan of care included ankle specialist consultation, cortisone injection in ankle, and medication. The requested treatments include Retrospective Hydrocodone 10/325 mg #60 filled on 3/7/2015 and 4/7/2015, Retrospective Tramadol ER 150 mg #60 filled on 3/28/2015, and Retrospective Cyclobenzaprine 7.5 mg #90 filled on 3/28/2015 and 3/7/2015. The patient sustained the injury when right foot struck on wire. The patient has had history of muscle spasm that improves with Cyclobenzaprine. The patient has had urine drug screen test on

1/27/15 that was inconsistent and was negative for hydrocodone and Cyclobenzaprine. The medication list includes Norco, Naproxen, Cyclobenzaprine and Pantoprazole.

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

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

#### **Retrospective Hydrocodone 10/325 mg #60 filled on 3/7/2015 and 4/7/2015: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines -Opioids, criteria for use: page 76-80 Criteria For Use Of Opioids Therapeutic Trial of Opioids.

**Decision rationale:** Retrospective Hydrocodone 10/325 mg #60 filled on 3/7/2015 and 4/7/2015. Norco contains Hydrocodone with APAP, which is an opioid analgesic in combination with acetaminophen. According to CA MTUS guidelines cited below, 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 patient has set goals regarding the use of opioid analgesic. A 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 the overall situation with regard to nonopioid 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 records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to nonopioid means of pain control is not documented in the records provided. The level of pain control with lower potency opioids like tramadol and other non opioid medications, without the use of norco, was not specified in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. The patient has had urine drug screen test on 1/27/15 that was inconsistent and was negative for hydrocodone and Cyclobenzaprine. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Retrospective Hydrocodone 10/325 mg #60 filled on 3/7/2015 and 4/7/2015 is not medically necessary for this patient.

#### **Retrospective Tramadol ER 150 mg #60 filled on 3/28/2015: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS (Effective July 18, 2009), Page 75 Central acting analgesics: Page 82 Opioids for neuropathic pain.

**Decision rationale:** Retrospective Tramadol ER 150 mg #60 filled on 3/28/2015. 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 norepinephrine. 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 can be used for chronic pain and for treatment of episodic exacerbations of severe pain. She reported initial complaints of right ankle/heel pain with fracture. The injured worker was diagnosed as having comminuted right calcaneus fracture, depression, widening posterior subtalar joint, anterior, and chronic deformity of first metatarsal related to fracture, mild superimposed degenerative joint disease. CT scan results were reported on 11/3/14 that reported persistent healing of an anterior calcaneal fracture, increase of patchy osteopenia likely secondary to disuse. Per the primary physician's progress report (PR-2) on 3/7/15, examination revealed a healing comminuted right calcaneus fracture, depression, mild widening of the posterior subtalar joint and a necrotic deformity of the first metatarsal related to a fracture, and also superimposed mild degenerative joint disease. Range of motion was improved, slight antalgic gait, decreased spasm in the calf muscle. Patient is already taking a NSAID and a muscle relaxant. The patient has chronic pain and the patient's medical condition can have intermittent exacerbations. Having tramadol available for use during sudden unexpected exacerbations of pain is medically appropriate and necessary. This request for Retrospective Tramadol ER 150 mg #60 filled on 3/28/2015 is medically appropriate and necessary.

**Retrospective Cyclobenzaprine 7.5 mg #90 filled on 3/28/2015 and 3/7/2015:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page 41-42.

**Decision rationale:** Retrospective Cyclobenzaprine 7.5 mg #90 filled on 3/28/2015 and 3/7/2015 According to CA MTUS guidelines cited below Recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain. In addition for the use of skeletal muscle relaxant CA MTUS guidelines cited below Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients. She reported initial complaints of right ankle/heel pain with fracture. The injured worker was diagnosed as having comminuted right calcaneus fracture, depression, widening posterior subtalar joint, anterior, and chronic deformity of first metatarsal related to fracture, mild superimposed degenerative joint disease. CT scan results were reported on 11/3/14 that reported persistent healing of an anterior calcaneal fracture, increase of patchy osteopenia likely secondary to disuse. Currently, the injured worker complains of right ankle/ heel pain rated 6/10. The injured worker wishes to proceed with cortisone injection. Per the primary physician's progress report (PR-2) on 3/7/15,

examination revealed a healing comminuted right calcaneus fracture, depression, mild widening of the posterior subtalar joint and a necrotic deformity of the first metatarsal related to a fracture, and also superimposed mild degenerative joint disease. Range of motion was improved, slight antalgic gait, decreased spasm in the calf muscle. The patient has had history of muscle spasm that improves with Cyclobenzaprine. The patient has evidence of muscle spasms. Therefore, the request for Retrospective Cyclobenzaprine 7.5 mg #90 filled on 3/28/2015 and 3/7/2015 is medically appropriate and necessary for prn use during exacerbations.