

<b>Case Number:</b>	CM15-0095705		
<b>Date Assigned:</b>	05/22/2015	<b>Date of Injury:</b>	09/23/2012
<b>Decision Date:</b>	06/26/2015	<b>UR Denial Date:</b>	05/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 40-year-old male, who sustained an industrial injury on September 23, 2012. He reported pain of the mid back, the neck and the lower back. Treatment to date has included cervical facet joint medial branch block, MRI of the cervical spine, EMG of the bilateral upper extremities, and chiropractic therapy. Currently, the injured worker complains of bilateral neck pain, bilateral thoracic back pain and bilateral knee pain. The pain is aggravated with prolonged sitting and standing, lifting, twisting, driving and bearing down. The pain is relieved with lying on his back and with medications. On physical examination, the injured worker exhibits tenderness to palpation of the cervical paraspinal muscles. The right shoulder range of motion was limited and the cervical spine range of motion was decreased by 50% with associated neck pain. The diagnoses associated with the request include bilateral cervical facet joint pain, cervical facet joint arthropathy, cervical spine disc protrusion, cervical stenosis, cervical degenerative disc disease, thoracic pain, and bilateral knee pain, right ulnar neuropathy, right shoulder sprain/strain and right shoulder rotator cuff. The treatment plan includes discontinuation of Norco due to inconsistent urine drug screen results, cervical medial branch block, and Ultram.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram 50mg, #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use of Opioids Page(s): 76-78, 88-89.

**Decision rationale:** The patient presents on 04/15/15 with unrated bilateral neck pain (lower worse than upper), unrated bilateral thoracic back pain, and unrated bilateral knee pain. The patient's date of injury is 09/23/12. Patient is status post cervical facet joint medial branch block at unspecified levels and date. The request is for 1 PRESCRIPTION OF ULTRAM 50MG, #90. The RFA is date 04/27/15. Physical examination dated 04/15/15 reveals tenderness to palpation of the cervical paraspinal muscles from C6 through T1 levels with 50 percent decreased cervical range of motion, restricted shoulder range of motion bilaterally in all planes. The patient is currently prescribed Naprosyn and Flexeril. Diagnostic EMG/NCV of the bilateral upper extremities dated 03/24/15 has the following impression: "Abnormal study suggestive for bilateral carpal tunnel pathology, severe in degree, along with axonal pathology as indicated by electromyographic abnormalities." MRI of the cervical spine dated 03/25/15 was also included, significant findings are as follows: "C5-6 broad right paracentral/posterolateral osetophyte causing moderate to marked right foraminal stenosis. C4-5 and C6-7 mild right posterolateral unvertebral hypertrophy and foraminal narrowing." Patient's current work status is not provided. MTUS Guidelines pages 88 and 89 under Criteria For Use of Opioids (Long-Term Users of Opioids): "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 under Criteria For Use of Opioids, Therapeutic Trial of Opioids, also requires documentation of the 4As, analgesia, ADLs, adverse side effects, and adverse behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. About the request for Ultram for the maintenance of this patient's thoracic and cervical pain, this patient does not meet guideline criteria for the continued use of opioids. Progress note dated 04/15/15 indicates that this patient's urine drug screen dated 03/18/15 tested positive for Cocaine usage and was inconsistent regarding Opiates; though the patient denies illicit drug use or drug diversion. At the time of this progress report, the patient was prescribed Norco, and the provider signals the intent to discontinue this medication citing the inconsistent UDS. Paradoxically, the provider then simultaneously prescribes another narcotic medication, Ultram. It is unclear why the physician would discontinue this patient's opiate medication citing prior inconsistencies before immediately prescribing another. MTUS guidelines indicate that continuation of narcotic medications is contingent upon consistent urine drug screens and a lack of aberrant behavior. Given this patient's inconsistent urine screen results, continuation of narcotic medications cannot be substantiated. Therefore, the request IS NOT medically necessary.