

<b>Case Number:</b>	CM15-0096718		
<b>Date Assigned:</b>	05/27/2015	<b>Date of Injury:</b>	01/02/2001
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	05/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2015

### 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:

This 66-year-old man sustained an industrial injury on 1/2/2001. The mechanism of injury is not detailed. Diagnoses include chronic bilateral shoulder pain due to chronic impingement and acromioclavicular joint arthritis, severe bilateral lateral epicondylitis, bilateral carpal tunnel syndrome, and diabetic peripheral neuropathy. Treatment has included oral medications and surgical intervention. Physician notes dated 1/20/2015 show complaints of bilateral elbow pain, tingling and numbness to the bilateral hands, chronic depression due to pain, and bilateral shoulder pain rated 5-6/10. Recommendations include Norco trial, Cymbalta, Lyrica, Restoril, activity modifications, and follow up in two months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram 50 mg Qty 120 with 5 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Tramadol (Ultram) Page(s): 76-78, 88-89, 113.

**Decision rationale:** The patient presents with pain in bilateral shoulders, bilateral elbows and wrists, and depression secondary to pain. The request is for ULTRAM 50 MG QTY 120 WITH 5 REFILLS. Patient is status post right shoulder surgery, date unspecified. Physical examination to the shoulders bilaterally on 01/20/15 revealed tenderness to palpation lateral to the acromion process and in the bicipital groove. Physical examination to bilateral wrists revealed mild atrophy at tenar muscles. The patient had positive Tinel's and Phalen's at bilateral wrists for median nerve. Patient's diagnosis, per 10/28/14 progress report include chronic bilateral shoulder pain due to chronic impingement and AC joint arthritis, severe bilateral lateral epicondylitis, left worse than right, bilateral carpal tunnel syndrome, diabetic peripheral polyneuropathy, non-industrial, and HTN, not controlled, today's reading: 162/100. Patient's medications, per 01/20/15 progress report include Ultram, Cymbalta, Lyrica, Restoril, and stool softener. Patient's work status was not specified. MTUS Guidelines pages 88 and 89 states, "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 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. MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. Patient has received prescriptions for Ultram from 08/26/14 and 01/20/15. In this case, treater has not discussed how Ultram decreases pain and significantly improves patient's activities of daily living. Per 08/26/14 progress report, patient's previous toxicology was consistent with the patient's medication profile. However, there are no opioid pain agreement, or CURES reports addressing aberrant behavior; no discussions with specific adverse effects, aberrant behavior, ADL's, etc. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

**Valium 5 mg Qty 30 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official disability guidelines Chapter on Pain (Chronic), on topic Benzodiazepine.

**Decision rationale:** The patient presents with pain in bilateral shoulders, bilateral elbows and wrists, and depression secondary to pain. The request is for VALIUM 5 MG QTY 30 WITH 3 REFILLS. Patient is status post right shoulder surgery, date unspecified. Physical examination to the shoulders bilaterally on 01/20/15 revealed tenderness to palpation lateral to the acromion process and in the bicipital groove. Physical examination to bilateral wrists revealed mild atrophy at tenar muscles. The patient had positive Tinel's and Phalen's at bilateral wrists for median nerve. Patient's diagnosis, per 10/28/14 progress report include chronic bilateral shoulder pain due to chronic impingement and AC joint arthritis, severe bilateral lateral epicondylitis, left worse than right, bilateral carpal tunnel syndrome, diabetic peripheral polyneuropathy, non-industrial, and HTN, not controlled, today's reading: 162/100.

Patient's medications, per 01/20/15 progress report include Ultram, Cymbalta, Lyrica, Restoril, and stool softener. Patient's work status was not specified. ODG guidelines, Chapter on Pain (Chronic), on topic Benzodiazepine, have the following regarding insomnia treatments: "Not recommended for long-term use (longer than 2 weeks), because long-term efficacy is unproven, and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks." MTUS guidelines, page 24, states "Benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." In progress report dated 10/28/14, the treater is recommending a trial of Valium for sleep. ODG guidelines recommend against the use Valium for more than 4 weeks and MTUS does not allow benzodiazepine for long-term use. The requested quantity of 30 with 3 refills does not imply short-term use and exceeds the 4 week limit as indicated by both MTUS and ODG guidelines. Therefore, the requested Valium IS NOT medically necessary.

**Norco 5/325 mg Qty 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-75, 91, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use medications for chronic pain Page(s): 76-78, 88-89, 60.

**Decision rationale:** The patient presents with pain in bilateral shoulders, bilateral elbows and wrists, and depression secondary to pain. The request is for NORCO 5/325 MG QTY 90. Patient is status post right shoulder surgery, date unspecified. Physical examination to the shoulders bilaterally on 01/20/15 revealed tenderness to palpation lateral to the acromion process and in the bicipital groove. Physical examination to bilateral wrists revealed mild atrophy at tenar muscles. The patient had positive Tinel's and Phalen's at bilateral wrists for median nerve. Patient's diagnosis, per 10/28/14 progress report include chronic bilateral shoulder pain due to chronic impingement and AC joint arthritis, severe bilateral lateral epicondylitis, left worse than right, bilateral carpal tunnel syndrome, diabetic peripheral polyneuropathy, non-industrial, and HTN, not controlled, today's reading: 162/100. Patient's medications, per 01/20/15 progress report include Ultram, Cymbalta, Lyrica, Restoril, and stool softener. Patient's work status was not specified. MTUS Guidelines pages 88 and 89 states, "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 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. MTUS pages 60 and 61 state the following: "Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference" In progress report dated 01/20/15, the treater is initiating a trial of low dose Norco as the patient's pain is not controlled with Ultram. In this case, the treater has not documented baseline pain and functional assessment, including daily activities. If treater's intent was to initiate this opiate for chronic pain, it would be allowed by MTUS based on records with regards to current medication use, aim of use, potential benefits and side effects, which have not been discussed. Given the lack of documentation as required by MTUS, the request IS NOT medically necessary.