

<b>Case Number:</b>	CM15-0099284		
<b>Date Assigned:</b>	06/01/2015	<b>Date of Injury:</b>	01/16/2006
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	04/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2015

### 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 69-year-old male who sustained an industrial injury on 01/16/2006. Mechanism of injury occurred when he was lifting his toolbox and developed pain in his shoulders, back of the neck, right flank, and a bulge in his right flank. Diagnoses include bilateral rotator cuff syndrome, opioid dependence and left carpal tunnel syndrome. Treatment to date has included diagnostic studies, right flank hernia surgery x 3, the most recent hernia surgery was on 09/25/2014, carpal tunnel surgery many years ago, shoulder surgery, and medications. A Computed Tomography of the abdomen and pelvis done on 08/28/2014 showed probable fatty infiltration of the liver, no suspicious intra-abdominal mass, abscess or bowel obstruction, and significant coronary artery calcifications. A physician progress note dated 04/01/2015 documents the injured worker complains of pain in the neck, both shoulders, both arms, both wrists and both hands. The pain is associated with tingling and numbness in both hands. The pain is constant and in frequency and moderate in intensity. On a scale of 0 to 10 he rates the pain as a 7, but as a 6 at its best and a 9 at its worst. For the last week, it has been at an 8. The pain decreases with medications. He has full range of motion in the cervical spine there is tenderness to palpation over the superior trapezius. The sensory examination is grossly intact to light touch throughout the upper extremities with the exception of the left median distributions. Treatment requested is for 1 prescription of Hydrocodone 10/325mg, #120, 1 prescription of Tramadol ER 150mg, #30, and 1 urine drug screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Tramadol ER 150mg, #30: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram); Opioids for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines medications for chronic pain Page(s): 60.

**Decision rationale:** Based on the 4/1/15 progress report provided by the treating physician, this patient presents with neck pain, bilateral shoulder/arm pain, bilateral hand/wrist pain with numbness/tingling, with overall pain rated 8/10 on VAS scale. The treater has asked for 1 PRESCRIPTION OF TRAMADOL ER 150MG #30 on 4/1/15. The request for authorization was not included in provided reports. The patient is s/p hernia surgery x 3 in 2011, 2012, and 2014, and unspecified shoulder surgery from 1/18/13 per 4/1/15 report. The patient's current medications are Norco, Naproxen, Atorvastatin, Morphine, Lisinipril, Metoprolol, Gabapentin, and Effient per 4/1/15 report. The patient's neck pain is 40% of his pain, and his arm pain is 60% of the pain per 4/1/15 report. The patient is able to walk one block before having to stop due to pain per 4/1/15 report. The patient states that the effectiveness of Hydrocone and Gabapentin are both fair per 2/26/15 report. The patient's case status is permanent and stationary as of 4/1/15 report. Regarding medications for chronic pain MTUS Guidelines pg. 60, 61 states: "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. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded." The patient is currently using Norco and Morphine. The utilization review dated 4/28/15 denies the request on the grounds that the patient has had long-term use of opioids without evidence of functional improvement. The requesting progress report contains a prescription for Tramadol and Norco. In regard to the prescription of Tramadol the request is indicated. This is the initiating prescription of this medication. A trial of Tramadol appears reasonable for patient's ongoing chronic pain condition. Therefore, the request IS medically necessary.

**1 prescription of Hydrocodone 10/325mg, #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Hydrocodone/Acetaminophen; Weaning of Medications.

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

**Decision rationale:** Based on the 4/1/15 progress report provided by the treating physician, this patient presents with neck pain, bilateral shoulder/arm pain, bilateral hand/wrist pain with numbness/tingling, with overall pain rated 8/10 on VAS scale. The treater has asked for 1 prescription of HYDROCODONE 10/325MG #120 on 4/1/15. The request for authorization was not included in provided reports. The patient is s/p hernia surgery x 3 in 2011, 2012, and 2014, and unspecified shoulder surgery from 1/18/13 per 4/1/15 report. The patient's current medications are Norco, Naproxen, Atorvastatin, Morphine, Lisinipril, Metoprolol, Gabapentin,

and Effient per 4/1/15 report. The patient's neck pain is 40% of his pain, and his arm pain is 60% of the pain per 4/1/15 report. The patient is able to walk one block before having to stop due to pain per 4/1/15 report. The patient states that the effectiveness of Hydrocone and Gabapentin are both fair per 2/26/15 report. The patient's case status is permanent and stationary as of 4/1/15 report. 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. Norco has been included in patient's medications per treater reports dated 11/16/11, 3/18/13, 1/22/14, 12/11/14, and 4/1/15. In this case, treater has not stated how Norco reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. The patient signed an opioid pain agreement on 4/1/15 report. A urine drug screen done on 2/6/15 came out positive for opiates, but the original report was not included in documentation. However, there was no return to work, or change in work status. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

**1 urine drug screen: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain: Urine Drug Testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43, 77. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Urine drug testing.

**Decision rationale:** Based on the 4/1/15 progress report provided by the treating physician, this patient presents with neck pain, bilateral shoulder/arm pain, bilateral hand/wrist pain with numbness/tingling, with overall pain rated 8/10 on VAS scale. The treater has asked for a URINE DRUG SCREEN on 4/1/15. The request for authorization was not included in provided reports. The patient is s/p hernia surgery x 3 in 2011, 2012, and 2014, and unspecified shoulder surgery from 1/18/13 per 4/1/15 report. The patient's current medications are Norco, Naproxen, Atorvastatin, Morphine, Lisinipril, Metoprolol, Gabapentin, and Effient per 4/1/15 report. The patient's neck pain is 40% of his pain, and his arm pain is 60% of the pain per 4/1/15 report. The patient is able to walk one block before having to stop due to pain per 4/1/15 report. The patient states that the effectiveness of Hydrocone and Gabapentin are both fair per 2/26/15 report. The patient's case status is permanent and stationary as of 4/1/15 report. MTUS guidelines page 43 and page 77 recommend toxicology exam as an option, using a urine drug screen (UDS) to assess for the use or the presence of illegal drugs or steps to take before a therapeutic trial of opioids. While MTUS Guidelines do not specifically address how frequent Urine Drug Screening should be obtained for various risks of opiate users, ODG Guidelines, criteria for use of Urine Drug Screen, provide clearer recommendation. It recommends once yearly urine screen following initial screening with the first 6 months for management of chronic opiate use in low risk patient. The patient had a urine drug screen on 2/6/15 that was positive for opioids, but the original report was not included in the documentation. The patient had 3 other urine drug screens performed on 1/18/15, 12/11/14, and 11/13/14, all of which state the results are "pending." The original urine drug screen reports are not included in the documentation, but the

patient had at least 4 urine drug screens in the past 5 months. In regard to the urine drug screen, the request is not indicated. Per MTUS, patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, the patient does not present with aberrant behaviors that would warrant such frequent testing's. ODG states once yearly is suffice for low risk patients. The request IS NOT medically necessary.